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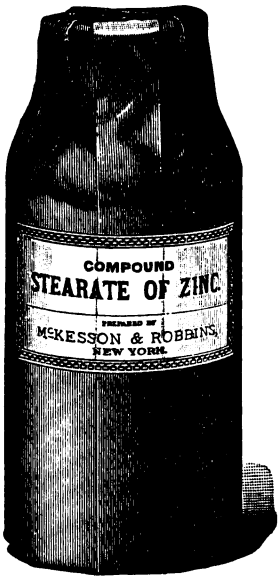

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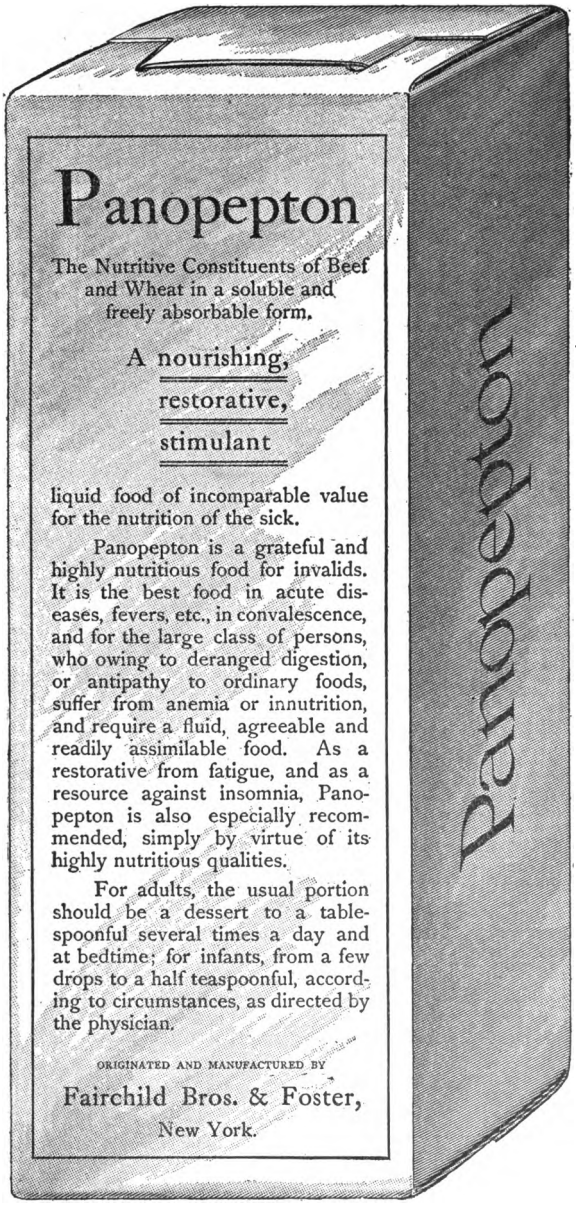

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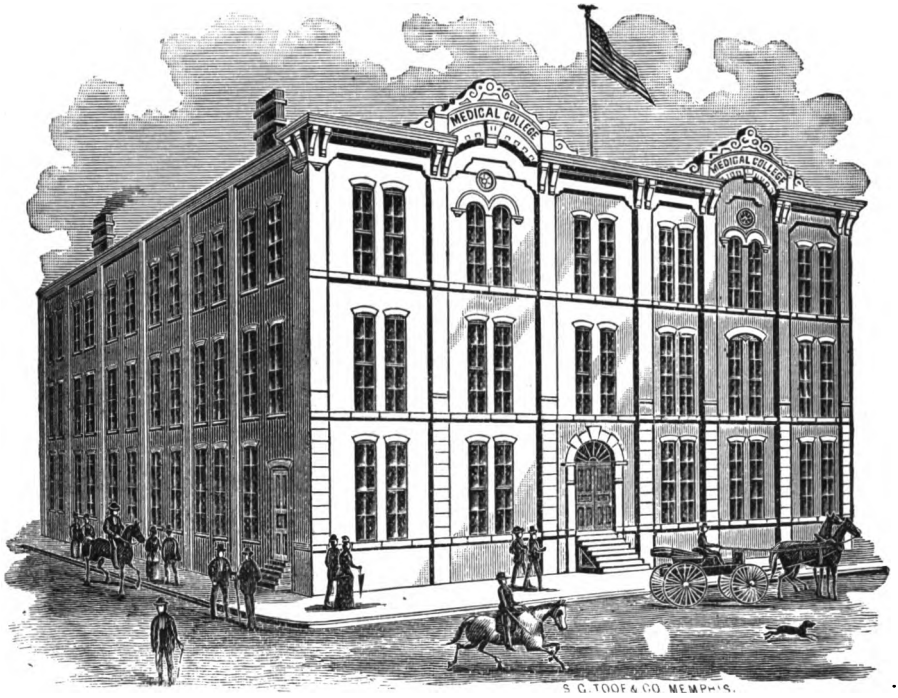

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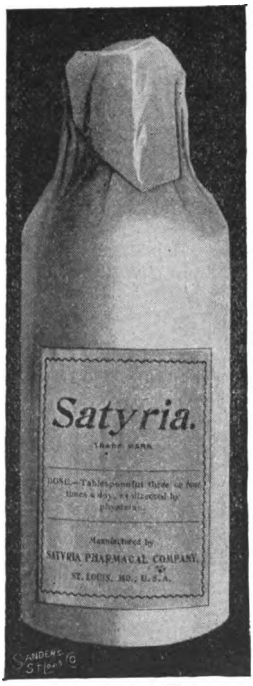

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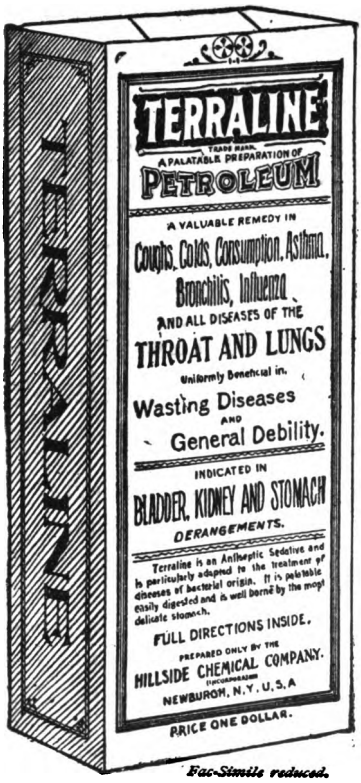

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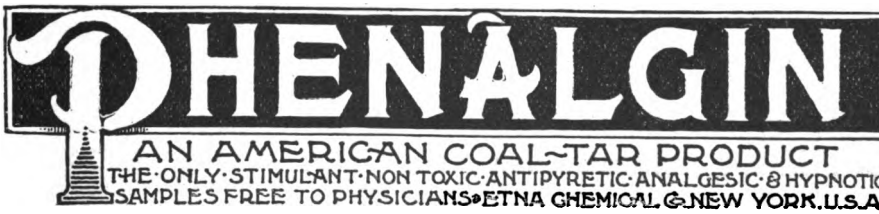

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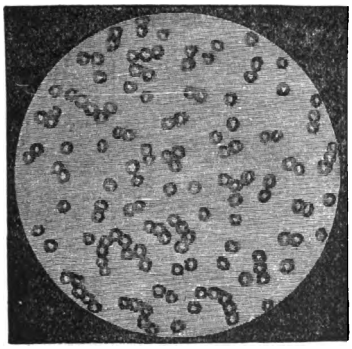

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MEMPHIS MEDICAL MONTHLY.

VOL. XX MEMPHIS, FEBRUARY, 1900. No. 2

ORIGINAL ARTICLES.

THE USE OF THE TUBERCULIN PREPARATIONS IN THE TREATMENT OF CONSUMPTION.

Cases Treated.

BY LLEWELLYN P. BARBOUR, M.D.
BOULDER, COL.
Recently Professor of Obstetrics and of Physical Diagnosis, University of the South.

In my paper in the MEMPHIS MEDICAL MONTHLY of November, 1899, I promised to report my results. A few words preliminary. I of course recognize the value of careful hygienic management of all phthisical patients. And I want to emphasise the word *careful*. A few years ago, in a conversation with a physician of some prominence in Middle Tennessee, I remarked that when I myself was sick with phthisis I had solemnly promised my Maker that if I recovered from the disease I would give my best efforts to fight, in all ways, this dread destroyer, and that now I proposed to keep my promise and to give much attention to the prevention and cure of consumption. This physician asked, "What are you going to do for them?" This man, I will say in passing, is one of those *rarœ aves* who do not even today believe that a case of phthisis is ever cured. My reply to him was, "What will I not do? There is so much to be done." I said to him that I should use the tuberculin preparations, but by no means should one

limit himself to this or that remedy. The diet, the clothing, the sleep, the rest, the exercise—all these should be looked after with minutest care, and every action of the patient should be governed with a despotic hand if we expect success. Any thing which depresses the patient mentally or physically, however slight, must be kept from him, must be left undone; and everything must be done for him that will increase his vigor, though ever so little. It has been said that heroes are great in great things and little in little things. The successful phthisiologist must be great in the little things of his work, and none the less great in the great things. Take the subjects of rest, sleep, and exercise. Many a consumptive has been sent to his long home by carelessly advising him to "take all the outdoor exercise possible," and giving him no further attention. The patient proceeds to climb hills and mountains, further burdening an already overtaxed heart until outraged nature can go no further. On the other hand, some patients with a small tuberculous area, with little or no fever, yet are so fearful that they will "take cold," especially during the winter months, that they shut themselves up in a close and too heated room. This latter class want urging to get out in the fresh air and take some exercise regulated according to their condition; while the first class should often be put to bed and held there for a time with an iron hand. And all patients who are confined to their rooms, should even in cold weather have free ventilation. And so about everything—attention to the minutest detail of the phthisical patient's life is the price of success.

Now those who are opposed to the tuberculins will probably say that that my success has been due to this care. That this is partly true, I myself believe. That this is wholly true, I do not admit. I do not admit that it is half true. That is to say, I do not believe one can obtain one-half the number of apparent cures, under the conditions where I have worked, without the tuberculin preparations, as can be obtained with their use. As I have stated in my former paper, I have stopped using these remedies because of the very positive opposition to their use by Osler and others, and invariably, when I have done so the patients have not done so well, though all

other environments were identical. A few times—six by the record book—I have changed from antiphthisin or tuberculin to nuclein or serum, but always to the regret of myself and my patient. And yet in these cases all other conditions were the same.

One subject relating to the hygienic treatment I would emphasize as of vast importance—that is, an open air life. Not necessarily a tent life, though that is excellent, but a life with open doors and windows in living and sleeping rooms. A life out of doors, where that is possible. Riding and walking, when the patient has no fever, and has sufficient strength. Sitting quietly in a chair or lying on a cot, when the fever is high and the strength low. Cold weather need not keep a patient within doors. Wraps sufficient, with hot water bottles, will keep him warm on the coldest days. While I object emphatically to the advice to take all the outdoor exercise possible, I just as emphatically urge all the open air possible. But in health resorts at least more patients die from overexercise than from want of exercise. I recall attention to this subject of exercise and rest because I know that many physicians err here. Study the pathologic conditions of lungs and heart, observe the rapid wasting of the tissues, and then ask yourself if you can rationally advise the patient with phthisical fever to "walk off his fever." If it is said that patients do get well under the vigorous exercise management, I reply that the number is very small, and that those who do recover do so in spite of, and not because of, such management. I have seen women get out of bed and do their housework immediately after confinement, and yet remain rugged and strong. I have seen two women pass through septic fever after confinement and never take to their beds. One of these women to my certain knowledge did the family washing three days after confinement with a temperature at 103°, and yet she made a complete recovery and has ever since been a strong, active woman. Shall I therefore urge vigorous exercise for childbed fever? Certainly such a plan would be unscientific and foolish, and it would be disastrous to the average puerperal patient. It is none the less disastrous to the average phthisical patient. The phthisical patient should be kept at rest as carefully as

the one with pneumonia or puerperal fever. Those with little or no fever should be guarded closely, the amount of exercise graded closely to their strength, and they should never exercise so long or so fast as to become tired or to get out of breath.

Now with such careful hygienic oversight much can be done for consumption. Some recoveries will occur, but more will occur if the improved tuberculin treatment be added. I am so sure of this that I want to repeat for emphasis, under the very same surroundings and management otherwise, patients have invariably shown more improvement and better results when using this remedy.

One word more regarding classification. The division into first, second and third stage is very unsatisfactory from a clinical point of view. A patient with extensive lung infection but no consolidation may be in a worse clinical condition than one with slight consolidation, but with only a small area affected. And one with a small, well-defined cavity, with a tendency to heal, has a better chance of recovery than one with extensive infection and a large consolidation. I have in my records always classified according to the chance of recovery. Class A sometimes contains those with some consolidation, while Class B sometimes has those with no consolidation. And so Class B sometimes contains those with a cavity. In classifying I have considered everything that makes for or against recovery — the patient's general health, his appetite and digestion, the extent of infection, the complications, etc. All of Class A I expect to get well. "Apparent recovery" I have reported, as only longer time can prove an absolute recovery.

Of Class A I have treated eleven. Eight of these have been "apparently cured." The other three of Class A were under treatment only short times—two, three weeks, and one, four weeks. It is very difficult to persuade this class to take any treatment or to continue long. One of the three renewed his treatment and is now well—so there have really been nine recoveries. One has grown slightly worse, and one much worse, and he is now, I believe, in Florida. I am quite sure all would have recovered had the treatment and care been continued a reasonable length of time, and I repeat that I

expect all of this class to make complete recovery when treated a proper length of time.

Of Class B I have treated nine. Of these five were apparently cured and all are well today. One of Class B was much improved and is now in fair health. Two of Class B are recorded as improved. One of these has since relapsed and died; the other writes that he is fairly well. One of the nine of Class B was not benefited and has since died.

Of Class C one cannot expect very much, and yet some of these can be greatly helped. Of this class I have treated thirteen. One of these was very much improved and is now an apparently well man except for a cough. One man was much improved and continues able to attend to his business fairly well. One was much improved but relapsed two months after passing from my care. Three improved for a time and then relapsed while still under my care. Two others improved some but relapsed soon after stopping treatment. Five never showed any improvement.

By apparently cured, I always mean one who has recovered at least his usual weight, who has no cough, no fever, no sputum, and nothing to indicate in any way that he is not in perfect health. In some cases, where there had previously been considerable extent of lung infection, I have classed them as "apparently cured," even though there was slight dullness on percussion or slight broncho-vesicular breathing. But I never class as cured one who has any adventitious sounds. By much improved, I mean one in good weight, good appetite, no fever, but perhaps slight cough, a little sputum, or some slight thing of that sort.

The above, then, is the report of my work given as exactly as pen can give it. I ask only a candid consideration. I felt for a long time that the reaction against the first use of tuberculin did prevent a just judgment of its worth. I trust that day has passed. Let us "hold fast to that which is good."

Whatever you would make habitual, practice it; and if you would not make a thing habitual, do not practice it, but habituate yourself to something else.—*Epictetus.*

SURGICAL CLINIC.

One Case—Suprapubic Lithotomy, Senn's Method.
One Case—Subpubic Lithotomy, Lateral Operation.

CLINIC OF PROF. W. B. ROGERS, M.D.
Memphis Hospital Medical College.

REPORTED BY BATTLE MALONE, M.D.

The two patients I have to present to you today—one, this man, and the other this boy—will, I hope, enable me to illustrate the two cutting routes to the bladder for the removal of a urinary calculus, and enable you to draw a comparison between them.

This little fellow, five years of age, though looking much older from long suffering, has since babyhood experienced an inability to control his urine. This symptom or affliction is not an uncommon one among children under ten years of age during sleeping hours — nocturnal incontinence — and is due in many instances to no actual pathological condition of the bladder or urine, but in this instance the patient has had most of the time during waking acts of micturition severe pains at the beginning and close of emptying the bladder. No blood has been seen in his urine, but his physician, Dr. W. T. Witherington, through whose kindness he is here, having found pus in his urine, a strongly suggestive sign of cystitis, and being unable to give relief by medical treatment, suspected a stone in the child's bladder, and on exploration with a steel sound detected a calculus. On yesterday I confirmed the diagnosis; today I purpose removing the stone.

The other patient, twenty years of age, dates his cystitis from early childhood, as far back as he can remember. He cannot retain his urine longer than half an hour during the day when up and about, and at night has to get up for relief many times. Occasionally he has passed some blood with the last of his urine. He complains much of a sensation of sand or grit in the urethra just behind the glans, and strips his penis when the desire to urinate comes on; this I have often had patients to describe, and usually find on examination a stone in the bladder. He frequently has the stream of urine suddenly cut off before he has emptied his bladder—a very suggestive sign that the stone has rolled to the bladder end of the urethra and there acts as a stopper. In three instances com-

ing under my observation, the patients were ofttimes unable to pass water without lying on their backs, thus allowing the stone to roll back from the neck of the bladder.

This man's urine is *acid* but contains some pus, while the little boy's urine is alkaline and contains much pus. In neither case did I find under microscopic examination any evidence of kidney involvement. Such an examination should always be made, because the presence or absence of organic kidney lesion ought to determine the anesthetic to be used. Ether is believed to be more likely to injure a diseased kidney than chloroform.

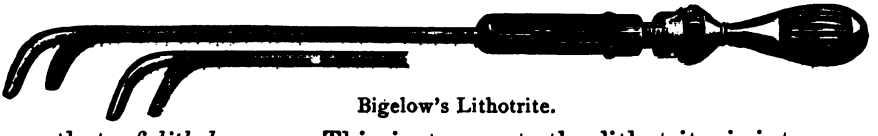
Litholapaxy, or the crushing of the stone to small fragments in the bladder and their removal through a large caliber catheter, all instrumentation being done through the urethra, is the safer method in cases of vesical calculi complicated by diseased kidney.

The man and boy, then, each has the symptoms common to cystitis—frequent desire to urinate, pain on urinating, inability to restrain the bladder from acting, and pus in the urine. But these are *only* symptoms of an *inflamed bladder*, and such a condition of the bladder may be dependent upon causes other than the mechanical irritation of a calculus. We meet with cystitis due to gonorrhea, stricture, enlarged prostate (in older subjects), tubercular disease of prostate and seminal vesicles, and all the symptoms of cystitis are often presented when the kidney contains the stone, or even when non-calculous pyelitis is present. Let me remind you of a fact often observed, that in chronic cystitis dependent on *pyelitis* you find an acid urine containing pus; whereas, when the inflammation is located *only* in the *bladder*, if it be of long standing, the urine is usually of *alkaline* reaction. Especially is this latter true of cystitis in persons of middle age and past. In young people there seems to be more of a uric acid tendency, and the urine retains its acidity more persistently. And the vesical calculi removed from younger subjects are mostly of uric or lithic acid composition, while phosphatic stones predominate in older subjects. Four-fifths of all urinary calculi form in the kidney, and those that pass to the bladder remain of acid composition for a greater or less period. Many of the stones formed in old men's

bladders are phosphatic throughout, and *originate in the bladder.* Originating in the bladder of an old man the stone is the sequence of an obstructing enlargement of the prostate gland, which primarily induces a congestion of the bladder; then follows an excess of mucus mixing with a residual urine, a decomposition of urine inflaming the bladder and depositing the phosphatic salts; these becoming entangled in masses of mucus, form a nucleus on which stones may grow to large size by daily accretions of the same salts.

The sounding of this man has hitherto, in several attempts, proven so painful that it could not be done with satisfaction, and the presence of the stone has not been determined by that *most reliable sign—touching the stone with the steel instrument.* I purpose now to sound his bladder, and if the stone is detected will at once proceed to its removal.

As to the methods for removal of stone from the bladder, they are two. First, and especially adapted to soft stones, is



Bigelow's Lithotrite.

that of *litholapaxy.* This instrument, the lithotrite, is introduced along the urethral canal into a bladder containing four to six ounces of borated water, the stone grasped, thus, and thus crushed. Then through a large tube like this the fragments are drawn out by suction force of a syringe especially arranged for the purpose. Obviously a capacious urethra is desirable for this procedure. This operation is especially adapted to adults and females. The urethra of a five-year-old boy is not one to select for litholapaxy, though experts in "stone regions" or "centers" practice this operation on children with excellent results.

The second and older method of removing a stone is by the cutting method—*cystotomy.* The bladder can be approached and opened from two directions, above the pubis—suprapubic cystotomy; the other route is subpubic and, through the perineum in the male, called subpubic cystotomy: or through the vagina in the female, vaginal cystotomy. For large stones and stones that are very hard, the suprapubic is the better route in the male. Also in males where the prostate is en-

larged, or small caliber stricture complicates litholapaxy. And even for small stones, where the urine is, so to speak, clean, of normal composition or nearly so. The subpubic route is quite safe for small calculi, and especially do I prefer it where the stone is soft or friable and the urine is bad, because the drainage is better and the wound does better during convalescence.

I shall operate through the perineum in the little boy, because the lateral operation in children without prostate glands, as they practically are, offers so safe a procedure, as has been shown by experience; secondly, filling a long-inflamed bladder sufficiently with water to raise the bladder well above the pubes will often produce much constitutional reaction; and to fill and stretch the bladder twice within the four days covering the two steps of Senn's method of suprapubic lithotomy, which is the best method, would jeopardize the patient more in my estimation than cutting through the perineum; and lastly, this boy's urine would so poison the tissues along the suprapubic route that much sloughing might follow.

The patient was chloroformed, three ounces of warm boracic solution injected into the bladder, a small staff introduced and the perineal urethra and neck of the bladder opened by the lateral operation. A narrow-bladed knife was used in the bladder incision and the neck then gradually dilated by means of long-bladed forceps and glove-stretcher until the finger could be introduced and the stone located. Each step was done slowly, and as little violence done the bladder as possible. The stone proved rather large for extraction as a whole, so the lithotrite was used through the perineal wound, the stone broken, and fragments extracted. Not more than an ounce of blood flowed during the operation. [During the five days following the operation nothing worthy of note presented in the case, the wound did well, and after presentation to the class on the fifth day with most of the urine passing by the urethra, the child was taken home. Three weeks later the wound perfectly healed, and function of the bladder being normal, the boy was enjoying life with playmates.] The stone was primarily of lithic acid formation, though it had become well incrusted with phosphates; fragments weighed 150 grains.

We now take the man. In his case I prefer to do the suprapubic operation, and will follow Senn's plan.

The patient was anesthetized, the bladder injected with six ounces of water, and the searcher promptly detected a stone.

The bladder was then filled until it presented three inches above the pubes. A three-inch median incision was made through the skin, cellular tissue, aponeurosis of external obliques—linea alba—the recti muscles separated, and the finger insinuated behind the pubes down to the base of the prostate gland (upper aspect) which had been raised by the finger of assistant introduced through the rectum. The cellular tissue of the prevesical space being thus opened thoroughly, the peritoneum dragged up by the finger, the prevesical space was packed closely but lightly with sterilized gauze. A small gauze pad, then strips of adhesive plaster completed the dressing. Scarcely two drams of blood escaped. The bladder was emptied and patient put to bed. Four days later the patient was presented, anesthetized and packing removed. The walls of the wound were thoroughly infiltrated with organized products of aseptic inflammation. The bladder was filled as on previous occasion. Guided by the left index finger a tenaculum was well fixed in the anterior wall of the bladder to steady the organ; longitudinal incision with a bistoury was then made from the tenaculum toward the prostate, one inch; the finger introduced located the stone, which was easily removed with forceps. A soft catheter passed along the urethra was sutured to the prepuce for drainage.

Now, gentlemen, the object in doing this operation in two steps instead of one, is that the first step secures by granulation tissue a complete filling up of all the connective tissue spaces around the gauze tampon in the prevesical space, so that even infected and decomposed urine escaping over it does not percolate any distance into the tissues and poison them, which so often happens when the operation is completed in one sitting. 'Tis true lithotomy is robbed of its brilliancy as a surgical operation by this conservative method, but let your practice always be in the interest of the patient and not for the brilliancy of surgery.

The catheter drained the bladder to perfection for five days, when the urethra became irritated and catheter was removed. Urine then for the first time escaped above the pubes, and continued in part through that channel for four days, when it ceased and all passed by urethra. Patient's recovery was rapid. Stone was round, one inch in diameter, oxalate of lime, mulberry, with its sulci filled by urates until mulberry projections were nearly hidden; weight, 247 grains.

Porter Building.

VESICAL CALCULI IN CHILDREN.

Report of Four Cases Under Five Years of Age.*

BY F. D. SMYTHE, M.D.
MEMPHIS.

More than half the cases of stone in the bladder are found in patients ranging in age between fifty and sixty years. Cases of prenatal formation have been observed. Hence from this period to the end of man's time he may be called upon to travel the rocky path to the surgeon for deliverance. Surgeons are interested chiefly in three varieties of stone, viz., uric acid, phosphatic, and the oxalate of calcium; these constitute practically all with which he will have to deal. Other varieties exist mainly as curiosities, and will not take up our time. Analysis of these infrequent varieties demonstrates that they can with propriety be classed with one of the more common forms, those elements preponderating.

Etiology.

Since subjects with stone are found in all countries and climates, amongst all races and conditions of life, we must look beyond and elsewhere for causes that operate in its evolution. The gouty diathesis and inherited condition, constitutional, always exist with patients affected with uric acid calculi. This diathesis, while manifesting itself at all ages, many infants and children escape, only to swell the list of more aged eligibles. Hence the disproportionate number of uric acid stone in young subjects. The great majority of stone cases occurring in after years are of this variety. Of nine hundred and seventy-eight cases reported by Thompson, only three cases were under sixteen years of age. Hence the condition is spoken of as one of the extremes of life—infancy and old age. Reference to the literature at hand on the subject and inquiry amongst some of my surgical friends has convinced me that cases operated under five years of age comprise a much smaller percentage of the whole than is usually believed.

NOTE. — This paper was submitted and accepted as candidate's thesis for membership in the Southern Surgical and Gynecological Association.

* Read before Tri-State Med. Assn. (Miss. Ark. & Tenn.) Memphis, Nov. 15, 1899.

In the phosphatic cases we have observed the opposite condition. Instead of the patients being of the robust, healthy, aldermanic type, they are usually pale, yielding, poorly nourished, and not infrequently presenting evidence of rickets, a fact borne out by three of the four cases recently coming under my observation.

The oxalates are found among that class denominated the neurotic and dyspeptic, constituting a class belonging to those of gouty tendency. These are comparatively rare. We have observed that diet, insanitary surroundings and climate are incapable *per se* of rendering the bladder rocky, but are potent factors when brought to bear upon a subject the victim of either of the diatheses favoring the deposit of urinary salts.

Symptoms.

Symptoms of stone in the bladder in children are in the main those observed in the adult, with these notable exceptions: priapism, enlargement of extra-genitals and prolapsus recti. The former symptoms mentioned are uniformly prominent, the latter are by no means infrequent. A little patient presenting these symptoms is tantamount to the existence of stone in the bladder. Failure to find will be the exception. We are not to forget that all of the ordinary symptoms of vesical calculi observed in the adult are in children greatly aggravated.

Treatment.

Prophylactic and surgical. By prophylaxsis is here meant the institution of remedial agents and other measures capable of preventing the formation of stone. By surgical operation only the stone's removal can be effected. Hygienic and dietetic treatment is of much value in the management of patients predisposed to the formation of vesical calculi, which formation could be prevented in most cases if those susceptible were recognized early, taken in hand and persistently and intelligently treated. For the gouty patient, liberal quantity of water, alkaline, preferably lithium, potassium and sodium, with regular bathing. Diet, vegetables, milk and fruit. Eschew meats, eggs, oysters, and similar kinds of foods. Alcoholic and malt liquors are especially harmful for this class of patients

and they should not be permitted to remain in ignorance of their consequences.

The second variety with which we meet requires betterment of surroundings, outdoor exercise, good clothing, suitable to temperature, above all, however, a bountiful supply of wholesome food, consisting chiefly of albuminoids and proteids. Light wines, whisky and brandy in suitable doses at the proper time, are important aids in the management of this class of patients. The frequency with which their value is disregarded by the profession furnishes additional evidence of our fallibility.

Cases Treated.

Case I. J. C., white, aged 5 years, of tubercular tendency, is reported by permission of my associate, Prof. W. B. Rogers. Dr. L., Duvall, Ark., referred this case to Dr. Rogers for treatment, diagnosis of stone having been made. General condition upon admission to hospital was such that operation was postponed. The child was exhausted from long suffering, high temperature and sluggish kidneys. He was put to bed, given salol with an abundance of water and such other treatment inaugurated as would tend to improve his general condition. A few days after entrance into hospital the doctor was summoned to his patient and found him in convulsions. The case was a desperate one, the condition extreme. Suprapubic cystotomy was quickly performed. A large stone—phosphatic—was extracted from a purulent bladder. This child died from uremia, in convulsions, the third day after operation.

Case II. Phosphatic stone. W. J., white, male, aged 5 years, mother died of phthisis pulmonalis. Child was always delicate. History of stone dated back three years. Referred by Dr. Gillespie, of Duck Hill, Miss. Diagnosis of stone had been made. He was sent to St. Joseph's Hospital for operation. Urine was filled with pus, micturition every few minutes, tenesmus constant. The little fellow would grab his genitals and run screaming, so terrible was his agony, upon attempting urination; to control him was not possible, to have restrained him by force would have been barbarous. His pulse was quick, temperature 103°, sepsis marked. Penis enormously enlarged to size of adult; redundant and inflamed foreskin, the result of infection from purulent urine, aggravated by handling. Stone was detected by searcher immediately upon its entrance into the bladder, also plainly felt by finger in the rectum. Bladder could not tolerate half an ounce of warm water. Su-

prapubic operation was performed after proper preparation of field, incision in median line through structures to prevesical space, which was filled with foul, greenish pus. The bladder had perforated, resulting in this pericystic abscess. At this point the finger of the assistant, Dr. J. W. Thomas, was introduced into the rectum, holding bladder well up to abdominal opening; the bladder, which was badly diseased and very friable, was pierced with steel hook, fixed and opened by incision an inch or more long, as the stone was known to be of good size. Forceps was introduced and engaged the stone, which was readily removed by the practice of lateral and upward motion. This stone was embedded in the *bas fond*, encroaching upon the prostate. It proved to be of the phosphatic variety and weighed 209 grains. Bladder walls much thickened, of a dark color and little resistance, purulent. It was washed clean and anchored to abdominal incision, and tube inserted and left for drainage. Patient dressed and put to bed. Second day after the operation he was covered with pyemic abscesses, though he had rested comparatively well since establishment of bladder drainage. He died.

Case III. H. C., white, male, aged 4 years, of robust parentage, in good health, belonging to gouty type; history of several attacks obtained. His parents noticed that he was given to the practice of dragging on his penis and perineum, and that he complained of pain and difficulty of urination. I found him a membrosus, with priapism present, chronic, considerable tenesmus at times, at other times free and unattended with pain. Stone was suspected, which was detected by finger in the rectum, also by an improvised metallic explorer (hairpin). The stone was quite small and freely movable, producing trouble only when internal meatus was occluded or pressed upon. This child was not operated, and for the past month has remained free from trouble. He is drinking lithia water. Operation in this case will be performed during next attack, date not fixed.

Case IV. J. S., negro, male, aged 2 years. Referred by Dr. Frank A. Jones, Chief of Clinic, East End Dispensary, for surgical attention. Physicians are agreed that stone cases properly belong to surgeons. Child badly nourished, rickety, with prolapse of rectum to an extreme degree. Urination frequent, painful, accompanied by straining and crying. He was a membrosus, with pendulous scrotum. Diagnosis of stone was made by objective symptoms, confirmed by touch with finger in rectum, further verified by the pathognomonic click heard when coming in contact with the searcher. Patient

was operated at the city hospital the next day, assisted by Dr. E. M. Holder and internes Ball and McCown. Suprapubic operation was performed; bladder was held up by finger of assistant in rectum, and needle was introduced into bladder with long double thread. The bladder was incised, the walls of which were found to be in a healthy condition. Forceps was introduced and stone removed. Bladder was closed by Lembert suture with chromicized catgut. This suture included all but the mucous membrane, and the operation was completed by closing abdominal incision in the usual manner. Patient was placed in bed in charge of nurse. He urinated for several hours involuntarily; thenceforth he passed his urine normally at regular intervals. Catheter was not retained, nor was it necessary to draw his urine at any time after operation. The only trouble we experienced was in combating his mania for food and drink; beer, cabbage and sugar were the coveted articles. To interne McCown I am indebted for the notes of this case. This is the youngest case subjected to suprapubic lithotomy that has come to my knowledge. Dr. W. D. Sumpter, of Nashville, Tenn., reports a case in the September issue of the MEMPHIS MEDICAL MONTHLY 3 years of age. Recovery.

I trust that the discussion will enable us to determine the best method of dealing with these cases. Your essayist is very partial to the suprapubic route.

Summary.

1. Stone is neither climatic nor dietetic in origin, but under favorable conditions climate and diet are factors in its development.

2. It occurs at all ages, increasing gradually with each decade up to fifty.

3. The majority of cases occur between fifty and seventy years of age. Overeating, lack of exercise, failure to eliminate products of waste, are active causes.

4. The negro race furnishes a larger percentage of cases of stone than it has heretofore been accredited with.

5. From my experience I am of the opinion that the uric acid varieties do not predominate in children to the extent one would infer from the literature on the subject.

6. The usual symptoms are greatly aggravated in children; and the enlargement of extra-genitals, priapism and prolapsus recti are peculiarly suggestive of the presence of stone, and should always insure thorough examination for the same.

7. The value of rectal and bimanual examination cannot too strongly be urged in conducting examination of children for stone. The diagnostic value of the searcher is well known.

8. The rectal bag is not only unnecessary in operating upon children, but it is a hindrance, and not without its dangers.

9. The bladder, when badly diseased, should be left open for drainage and rest.

10. Bladder walls that are healthy should be closed by the Lembert suture, animal material, and dropped back into cavity with no provision for drainage.

11. The treatment is essentially surgical—suprapubic operation the ideal one. The modern method of its performance bids fair to shelve the usual and heretofore more popular procedure, litholapaxy.

12. The retention of the catheter in children is found to be wholly unnecessary, while it adds much to the patient's discomfort, increasing the difficulty of promoting quietude.

13. Females are almost exempt from bladder stone, due to position, patulency and dilatability of urethra.

Porter Building.

(Discussion in January issue of MONTHLY, page 47.)

SUPRAPUBIC vs. VAGINAL HYSTERECTOMY.*

BY J. P. RUNYAN, M.D.

LITTLE ROCK, ARK.

This is a subject upon which much has been written, but its importance is such that I have no apology to offer for again presenting it for your consideration.

Notwithstanding such surgical giants as Drs. Joseph Price, C. A. L. Reed and L. S. McMurtry for the past fifteen years have been teaching that the only method of dealing with pelvic inflammatory troubles is by the suprapubic route, I notice occasionally some distinguished member of the profession who is inclined to criticise them and their methods, and who says that all pelvic inflammatory troubles may be satisfactorily handled by the unsurgical or vaginal route.

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* Read before Tri-State Med. Assn. (Miss. Ark. & Tenn.) Memphis, Nov. 16, 1899.

I have yet to see a single abdominal section for pelvic inflammatory trouble that was not a most ardent appeal for suprapubic work. In many cases of tubal and ovarian abscess we find the appendix vermiformis in an active state of inflammation, bound down by dense adhesions to tube and ovary. In such cases how futile it would be to try to cure the patient by simple puncture in the vaginal vault, or even by the extreme measure which is often resorted to of removing a healthy uterus, with or without the diseased tubes and ovaries! It is a fact well known to all that many who are advocating the vaginal method, remove only the healthy uterus, and expect nature and drainage to do the rest. Anyone who has done any operating for post-operative sequelæ knows that some of the most distressing symptoms, as well as the most disastrous conditions, are due to pelvic inflammatory adhesions.

I claim that it is impossible for anyone to be able to break up adhesions with any degree of precision or completeness by any except the abdominal route.

It is often indeed a very tedious job to separate the adhered bowels and omentum when you have them lying before you, with nothing to obstruct your view.

I take it that one who practices the vaginal method, only in very exceptional cases, is either a surgical coward, has been allured by finespun theory manufactured for the occasion, or he is wholly unacquainted with the pathologic condition with which he has to deal. Where one has a very large pelvic abscess to deal with, in a woman extremely prostrated from septic poison, and whose condition will not warrant a radical operation, the temporary measure of puncturing the vaginal vault in order to give the patient a chance to rally and regain her strength sufficiently to undergo a complete operation, is justifiable. In such cases the patient and family should be informed that the measure is not curative, but only palliative, and that a second operation will most likely be necessary.

I have no doubt that many of you here are ready to say that you have seen cases so operated upon who are apparently well today. I will admit that a few do apparently fully recover, but I am sure these constitute the exception and not the general rule.

How many have you notes of who met an untimely death because you did not do the radical method and save them from a death due to obstruction of the bowels! How many have you seen who dragged out a miserable existence and finally died of septic poison because you punctured the vaginal vault and left a few pockets of pus that did not communicate with the one that you drained! How many still do you know who are so miserable that they have wished themselves dead a hundred times over!

In all cases of pelvic inflammatory trouble the proper thing to do is to open the abdomen, thoroughly release all adhesions, remove diseased structures, irrigate when necessary with pure hot water or normal salt solution if you please, use drainage when thought advisable, and close the abdomen with through and through sutures of silkwormgut. When you have done this you have given your patient the best opportunity for a prolonged and happy life.

When you resort to the vaginal method, it is like shooting at a target blindfolded, with about as much prospect of curing the patient as there would be of hitting the target.

By the suprapubic route all complications may be met and properly dealt with. By the vaginal route complications will often be overlooked, and certainly must be dealt with at a great disadvantage.

In the name of good surgery and in the cause of suffering humanity, let me ask you to discard the bungling, blind surgery as practiced by the French and Belgians, and adopt the more American method, or suprapubic route.

Treatment of Conjunctivitis.— Dr. Darier, of Paris (Cor. Med. Press & Cir., vol. 68, no. 3156), strongly recommends in the treatment of conjunctivitis the application of protargol, which contains only 8 per cent. of silver, while the nitrate contains 65 per cent. Consequently the solutions employed for cauterizing should be much stronger than if the latter agent were used.

For instillations the following formula might be recommended in the majority of cases: Protargol, 10 grains; water, ʒ ijss. A few drops to be instilled three or four times daily. For cauterizing with a brush the solution should be considerably more active—protargol, ʒ j; water, ʒ ijss. Insufflation of the powder might be employed in grave cases, such as blenorrhagic ophthalmia and trachoma, followed by massage of the lids.

M. Darier treated exclusively with protargol 500 cases of different varieties of conjunctivitis without the slightest accident; it is, in fact, an inoffensive agent.

RECTAL TROUBLES AS SEEN IN THE NEGRO.*

BY FRANK A. JONES, M.D.
MEMPHIS.
Chief of Clinic East End Dispensary; Demonstrator Physical Diagnosis Memphis Hospital Medical College.

During my three years service as Chief of Clinic at the East End Dispensary, I have had great opportunity of observing diseases in the negro. I wish to preface my remarks pertaining to the subject by stating that my experience does not justify me in confirming the teachings of some of our best men. For instance, Dr. McMurtry, of Louisville, one of our ablest gynecologists, remarked to me at the Southern Surgical and Gynecological Association held in Memphis in 1898, that during his twenty years service at the city hospital in Louisville he had never seen but one case of cancer of the uterus in the negro woman. Dr. Rodman, formerly of Louisville, now of Philadelphia, read a paper before the American Medical Association at Denver, taking the ground that the negro did not have hypertrophy of the prostate. I have seen both conditions frequently at my clinic. Dr. T. J. Crofford has operated twice in the last three weeks for unmistakable cancer of the uterus in the negro, and had the third case, but her condition was such that he did not think it wise to operate.

I wish briefly to call your attention this evening to some rectal troubles as seen in the negro.

Hemorrhoids.

Dr. Mathews, in vol. 3, p. 217, *International Clinics*, 1899, has this to say: "Take the negro race. How often does the surgeon operate upon the negro for hemorrhoids? *Very seldom. They are singularly exempt*, and yet their habits are such as would be conducive to the hemorrhoidal condition." I have a high regard for Dr. Mathews' opinion, but have to take issue with him upon the above statement. My experience has been just the opposite. Hemorrhoids are just as frequent in the negro as in the white race. The most vicious, the largest hemorrhoids with which I have come in contact, have been found in the negro. There is hardly a day but what I can demonstrate a case of hemorrhoids to the class at my clinic.

* Read before Memphis Medical Society, January 16, 1900.

"Bloody piles" is one of the negro's pet symptoms. There is every reason anatomically, socially and from habit, why he should have hemorrhoids. His appetite is like a circle; it has no end. His gastro-intestinal tract is a general rendezvous for everything from a bologna sausage to a hot tamale in the way of meats, and everything from poke leaves to collards in the way of vegetables. Then there is a constant taxation upon the digestive tract, leading on to congestion, this congestion ending in hemorrhoids.

Stricture of the Rectum.

Stricture of the rectum is more common in the negro than in any other race. The reason is clear—syphilis. I have a record of twenty-one cases; out of the twenty-one, twenty were found in the female, only one being found in the male. This one was malignant; the negro died before the day set for the operation. I can assign but one reason why stricture of the rectum should be so much more frequent in the female than in the male. The rectum being in close proximity to the vagina, it becomes early and easily infected from the vaginal chancre. Iodide of potash is of no avail when the stricture has once formed. Breaking up adhesions about once a year or as often as necessary, by surgical means, gives the only relief.

Fistula in Ano.

My experience justifies me in stating that what holds good as regards the frequency of stricture of the rectum in the female, also holds in fistula in ano in the male. I often see fistula in the male, but seldom in the female. The majority of the fistula patients have been tuberculous. Cold abscess on the buttock is a common disease seen at the clinic. Pruritus ani is so common that I hardly need mention it here. How often do I have negroes to tell me they have "*eeching in de fundum.*" Thread worms in the negro female child is quite common. If you have a vulvitis or vaginitis not due to gonorrhea, in the female child, examine the rectum. Often you will find thread worms as the exciting cause.

Proctitis.

The negro is a ready prey for so-called chronic diarrhea. All will admit that both dysentery and diarrhea are much

more frequent in the negro than in the white. Their mode of life, their indiscretions as to diet, overcrowding during the heated term, are all conducive to these two conditions. Added to all this, they are frequently syphilitic. Consequently an attack of dysentery is apt to terminate in proctitis. Proctitis is one of the most frequent diseases seen at my clinic. Very often it is the stepping-stone to stricture. I am optimistic as to treatment. Thorough stretching of the rectum, touching up the pockets if there be any with carbolic acid, hot water irrigation, and last but not least, anti-syphilitic treatment. The mixed treatment, bichloride of mercury and iodide of potash, has given best results in my hands. While we see proctitis quite often in the negro, it is interesting to note in the adult how the inflammatory process is confined to the rectum, with but little tendency to extend into the colon. Often we see suppurative and gangrenous colitis in the white race, but as yet I have not seen it in the negro. Am not so dogmatic, however, as to say it does not occur.

I have learned many valuable lessons in studying the negro, and have applied some of them in treating the white man with best results. I honestly believe that if we were more careful in our examination when patients present themselves with bowel troubles, we would have better success.

(Discussion, page 98.)

THE CORRECTION OF DEVIATED NASAL SEPTA.*

BY RICHMOND McKINNEY, M.D.
MEMPHIS.
Laryngologist to the East End Dispensary.

In the domain of rhinology we encounter many conditions which are exceedingly resistant to every form of treatment instituted, but none, perhaps, is quite so important, and I may say has heretofore been so difficult to overcome, as that of a deviated nasal septum. That this is a topic of such frequent discussion, and one with which medical literature fairly teems, emphasizes very fully this statement.

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* Read before Memphis Medical Society, January 16, 1900.

I shall not undertake, in my brief remarks this evening, to offer a theory as to the cause or causes of septal deviation, for I am free to confess to you that I know just as little definitely concerning the etiology of this condition as anyone else who has attempted to define it. However, the view that the majority of these irregularities are due to traumatism received in childhood, appears to me to be the most tenable. Indeed, one recent writer, Coakley, of New York, in a textbook by him just from the press (Diseases of the Nose and Throat), states that "Deviations of the septum are almost invariably due to traumatism."

Examinations of the dry skull by many observers give us some insight into the frequency of this deformity, which even a conservative statement would place at 75 per cent. of all septa examined; but this would not apply to deviations giving rise to morbid symptoms, which undoubtedly would reduce this percentage very largely.

Various writers have adopted as many classifications of septal deviations, but whether the deviation be vertical, horizontal or irregular, as Loewenberg classifies them, the most practical division of these irregularities would seem to me to be into that of the simple or single (fig. 1) and the sigmoid or S-shaped curvature (fig. 2). Of these classes the latter is, in my experience, much the rarer. It is also well to bear in mind the fact that the deviation may be merely cartilaginous, or may also involve the vomer, being thus composed of both the cartilaginous and bony septum. In my observation, however, the stenosis resulting from septal deflection is usually almost wholly due to the obstruction presented by the irregularity of the cartilaginous septum, and the correction of this almost invariably restores breathing through the impaired nostril, without resort to the more heroic treatment necessary for the correction of the bony deflection.

When we turn to the subject of the correction of deviated nasal septa, we are fairly appalled by the vast array of operations and of instruments devised for this purpose—the very best argument for the fallibility of such procedures. Although not the first of these operations, we may say that Adams, who advised seizing the septum in a forceps devised by him, and

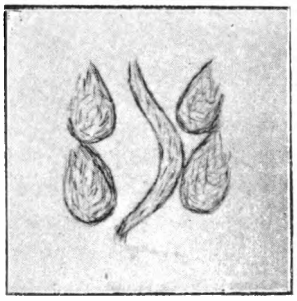

Fig. 1.

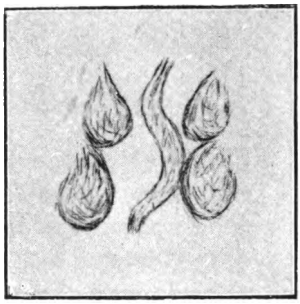

Fig. 2.

Fig. 3.

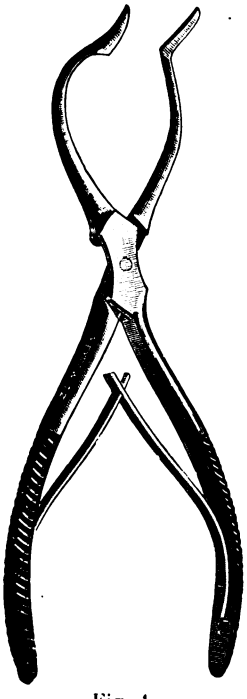

Fig. 4.

Fig. 5.

Fig. 6.

Fig. 7.

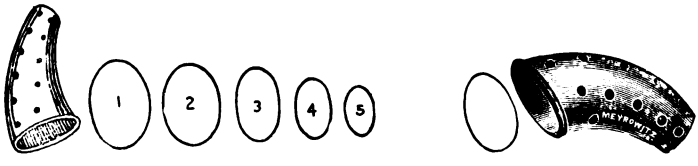

Fig. 8. Asch Splints.

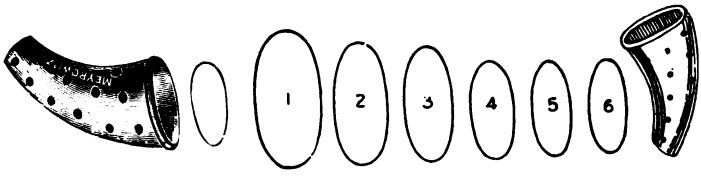

Fig. 9. Mayer Splints

Illustrating Dr. McKinney's article on the Correction of Deviated Nasal Septa.

that it be crushed or refractured in such a manner that it could be restored to its normal place, was the promoter of a method which has been the foundation for the various operations since suggested. The prime question was to first destroy the resiliency of the septum, and then to retain it in position until it had become permanently fixed. None of the numerous operations devised seemed to meet these requirements in an effectual manner until Asch, of New York, brought forward his procedure. This operation more nearly approximates an ideal one for the correction of deviations of the cartilaginous septum—for which alone it is suited—than any of which I have knowledge, but even it has been but slowly taken up by rhinologic surgeons, notwithstanding the fact that Mayer, Dr. Asch's associate, published in the *New York Medical Journal*, in 1898, a report of 200 cases operated upon by himself, Dr. Asch and others, with the Asch method, during the period extending from 1888 to 1897—nine years—without a single failure. It is for the purpose of calling your attention to this operation, and of reporting my own success with it that I am here as your essayist this evening.

Permit me to briefly describe the instruments devised by Dr. Asch, and employed in this operation. They consist of a straight scissors (fig. 3), an angular scissors (fig. 4), a pair of forceps (fig. 5), a gouge (fig. 6), an elevator (fig. 7), and splints fig. 8, 9). The nasal splints devised by Dr. Mayer, which are flatter than those of Dr. Asch, are preferred by myself as well as most other operators. The gouge and elevator, which are to be used in breaking adhesions between the septum and turbinated bones, I have not used, having never encountered a case in which I saw the necessity for their employment. I will also state that one can get along very well without the angular scissors, but they are a decided convenience.

Asch and Mayer, and various other surgeons, operate under general anesthesia, but I have found that the operation can be done in a practically painless manner under cocaine anesthesia, and it is far more convenient to have your patient sitting erect before you, and aiding you in the operation when possible, so I invariably use the local anesthetic when doing this operation.

After cleansing both nares, pledgets of cotton soaked in a

10 per cent. solution of cocaine are introduced into both nostrils, and are changed often enough to insure complete anesthesia. The nose is then sprayed with a 10 per cent. solution of the extract of suprarenal capsules, for its excellent hemostatic effect. It is well also to have at hand a hand-atomizer containing ice water to be used in spraying the nose for the control of troublesome hemorrhage. The straight scissors are then introduced, the narrow, or dull blade, on the convex side, and the broad, or sharp blade, on the side of the concavity. It should be the care of the operator that the first cut be made in the direction of and at the point of the greatest deviation. After adjusting the scissors the handles are brought firmly together, there being usually heard a very audible snap as the scissors cut their way through the septum. The scissors are then withdrawn and reintroduced at right angles to and midway of the first incision (this being comparatively much easier to do when the angular scissors are used), and a second incision made. We thus have two bisecting incisions of the same length, giving us as a result four triangular flaps of cartilage. The forefinger is now introduced into the obstructed nostril, and the triangular pieces of cartilage pushed over into the concave side, until each segment is felt to fracture at its base. Upon this step in the technique depends the success of the operation, *for the resiliency of each of these segments must be destroyed by thus fracturing them.* After this has been done the septum will be perfectly straight, or in the event that there be any slight irregularity the powerful septum forceps may be introduced for the purpose of bringing the cartilage into alignment. The next step is the introduction into the formerly convex or stenosed side of a tubular splint of size sufficiently large to fit snugly, but not uncomfortably; into the other nostril a smaller tube may be placed for the purpose of controlling hemorrhage. During the next forty-eight hours it is well to syringe the nose at intervals with a warm salt solution. At the end of this period the small tube in the formerly concave naris is removed and left out permanently. The other tube is removed, cleansed, and reintroduced. Every day for several successive days the physician should remove this tube, cleanse and reintroduce it. After carrying this out for a week or ten days,

the removal and cleansing of the tube may be entrusted to the patient, but it is well for the physician to examine the nose at intervals during the four or five weeks that the patient is wearing the tube. At the end of this period, provided the technique has been good, we should be enabled to discharge the patient with a perfectly patent naris, where formerly there may have been complete stenosis.

My personal experience comprises five operated cases, in only one of which has the result been in the least unsatisfactory, this being due largely to the lack of after care, the patient, a young lady, returning to her home in Mississippi a few days after the operation was performed.* On the whole, this operation promises permanent relief from a very uncomfortable and unhealthful condition, and has been so thoroughly satisfactory to me that I shall continue to perform it in preference to any other known procedure for the relief of a similar condition.

Porter Building.

(Discussion, page 96.)

CONTRIBUTION TO THE TREATMENT OF CHOREA.

BY H. S. GREENO, M.D.
HELENWOOD, TENN.

At the present time no remedy enjoys so large a share of popularity in the treatment of choreic conditions as arsenic. As regards its mode of action in this disease but little is positively known, and this is readily to be understood when we consider the obscurity that still enshrouds the pathology of the disease. There is reason to believe that chorea is sometimes of infectious character, but no specific micro-organism has yet been discovered. That there is some connection between rheumatism and chorea is an established fact, and is clearly demonstrated by the efficacy of antirheumatic remedies in certain cases. On the other hand, some authors are inclined to regard chorea as a neurosis, and as a manifestation of a hysterical neurasthenic or epileptic state. The fact that the disease

*The physician who referred this case to me has since informed me that the result was better than I had assumed, the young lady having written him that she now has good breathing, and never enjoyed better health.

has sometimes followed eruptive fevers, such as scarlatina, would lead one to suspect a bacterial origin. From the present standpoint, however, it would be proper to say that any morbid condition which produces exhaustion of the nervous system may predispose to the development of chorea. This explains its frequent association with anemia, chlorosis, and general malnutrition.

Perfect rest, if necessary in bed, is the most important auxiliary to the medicinal treatment, and this applies both to the mind and body. If the choreic movements are so violent as to prevent sleep, hypnotics are also indicated. Of course, the diet should always be regulated, and all articles of food avoided which may have a tendency to produce gastro-intestinal disturbances.

There are certain cases of chorea, however, in which arsenic, even when employed continuously in gradually ascending doses, fails to control the choreic condition. Although the drug is well tolerated in large doses by some persons it must not be forgotten that in others even small doses may give rise to severe gastro-intestinal irritation, or to injurious effects upon the nervous system, and to degenerative changes in the various organs. Under these circumstances it is necessary that its use should be at once suspended and resort had to other therapeutic measures.

In *Pediatrics*, October 15, 1898, Dr. Moncorvo of Rio Janeiro, Brazil, calls attention to the value of quinalgen in the treatment of chorea, his observations being based upon an extensive experience with the drug during two years. It is interesting to note that this author attributes to rheumatism the most important part in the etiology of chorea. While in his opinion, hysteria appears to exercise marked influence on the onset of chorea, he sees in it only a cerebro-medullary tendency of rheumatic infection developed in a hysterical or neurasthenic temperament. He is inclined to ascribe the value of quinalgen to its action upon the rheumatic virus. It is also remarkable that in seven of the eight cases reported in detail there was a history of hereditary syphilis. Dr. Moncorvo employed quinalgen in doses of 30 to 120 grains daily, and found that it was always well tolerated by children.

In the past six months I have employed quinalgen in a number of cases of chorea, and believe that the following two illustrative cases will prove of sufficient interest to warrant their publication in detail:

Case I. On June 15 last, I was called to see a little girl, Emma S., aged 6 years and 3 months, suffering from very aggravated chorea. The history of the case elicited the following facts: About February 1, after a very cold spell, the patient contracted a severe cold, resulting in a mild attack of cerebro-spinal meningitis, which lasted some three weeks. As the fever subsided in the latter part of February a very violent attack of chorea developed. The patient was treated by the family physician, who employed the usual course advised by a medical authority in such cases, without apparently any benefit. I had read some literature on quinalgen and had prescribed it in a few cases of nervous troubles in my practice in Chicago, Ill. I sent for a sample, determined to give the drug a trial in this case. I commenced its use on June 20, giving four grains four times a day, sixteen grains in twenty-four hours. I could detect but little change for the first week. During the second week marked improvement was observable, which continued through the third week, the muscular contractions nearly subsiding. In the fourth week all choreic symytoms completely disappeared. I continued the remedy two weeks longer. The little girl gained rapidly in flesh and improved in color. She is today, after six months, entirely restored. No healthier child in appearance can be found in this country.

Case II. John A. M., aged 19 years, contracted typhoid fever about June 1 last. He was sick a little over five weeks when I was called to see him. I found the patient in a semi-conscious condition, with pupils considerably dilated, and could obtain but few answers to my questions on attempting to arouse him. The heart action was rapid and irregular; temperature slightly subnormal. When aroused and food offered to him, he would take it listlessly, and after a few mouthfuls would relapse into a semi-conscious condition. The urine was scanty; the bowels were torpid and only acted after an administration of some laxative. I prescribed strychnine nitrate, grains $\frac{1}{67}$, and acid phosphor. diluti. gtt. 15, four times a day. Pills asafœtida comp. two were given four times a day, and at bed-time one tablet Fraser's cathartic No. 2. Milk, chicken broth, beef tea, corn meal, mush and milk constituted the diet. The patient gradually improved under the above treatment, but the mental condition remained about the same. After some

changes in treatment during nearly two months, in which time he improved physically, gaining flesh and strength, I could see but little amelioration in the mental condition. Nervous twitching of the muscles became developed similar to chorea, only not so pronounced and frequent. I concluded to give quinalgen a thorough trial in this case. All other remedies were discontinued. The patient was placed upon 5 grains of quinalgen, four times daily, so that 20 grains were administered in the twenty-four hours. The result has been very satisfactory. I am pleased to state that under the administration of quinalgen the patient has fully recovered his mental faculties, has improved in flesh, his appetite is good, and to all appearances he is in perfect health and ready for work.

I am using quinalgen in some other cases with very satisfactory results. I deem it one of the most valuable remedies that has been presented to the profession for years, and it is well worthy of careful study. I believe it will become a potent agent in the treatment of the many forms of nervous disease.

PROGRESS OF MEDICINE.

MEDICINE.

UNDER CHARGE OF B. F. TURNER, M.D.
Visiting Physician to St. Joseph's Hospital, Memphis.

The Amœba Ciliata in Disease.

Graham (N. Y. Med. Jour., vol. 70, No. 15) exhaustively considers the rôle of the *amœba ciliata* in disease. He says from what is known of this organism, the following résumé may be formulated:

1. The type of disease which the *Amœba ciliata* will produce is determined by:

(*a*) The kind of parasite it carries.

(*b*) The tissue or organ it invades.

(*c*) Its distribution over a large, or concentration in a small area.

(*a*) If the parasite is the typhoid bacillus, there is typhoid fever; if the *Bacillus proteus vulgaris*, purpura hemorrhagica; if a certain spirillum, dysentery; if the pneumococcus of Fränkel, pneumonia, etc.

(*b*) The position often assumed, that for each region or tissue of the body affected, with accompanying distinctive symptoms there is a specific infecting organism, is probably untenable. In pneumonia, for instance, the type of disease is determined by the fact that pulmonary tissues are invaded. Had there been an invasion of some other tissue or organ by the same organism, carrying the same

parasite, the type of disease would have been determined by the tissue or organ invaded—*e.g.*, abscess of the middle ear or of the liver, appendicitis, meningitis, etc.

(*c*) The infection produced by the amœba is mild or severe according as they are diffused throughout the entire system or concentrated in a small area. Herein lies the chief danger from an invasion by these organisms, for it is their habit to often move in "schools," very much as an invading army enters the enemy's country—in a body. Where there is even distribution throughout the system by means of the lymph and blood currents, without concentration at any one point, there results malaria or malignant edema, according to the parasite carried. With concentration, for instance, in the pulmonary tissues, there would result pneumonia. Pneumonia, it will be remembered, has been produced in the lower animals by injecting into the pulmonary tissues inert substances. Here the foreign body acted as an irritant, resulting in obstruction of the lung, principally by the animal's own tissues.

2. The *Amœba ciliata* is probably in itself of little or no pathologic significance.

3. Its importance as a morbific agent is due to:

(*a*) The protection afforded its contents from the action of destructive agents, whether mechanical, chemical, or thermal.

(*b*) Its power to penetrate tissues and organs distant from the alimentary canal and that passive agents cannot reach.

Its penetrative powers are seen to best advantage in the study of the *Amœba ciliata* in its relations to other higher water organisms in which the tissues of both host and parasite, or invader, are transparent.

4. Where there is an invasion of a vital organ, resulting in interference with its normal function, the disease becomes very much complicated. To the poison from without is added the poison generated within, which would have been thrown off but for such interference.

Bouchard has estimated that in two days four hours a healthy man will excrete by the kidneys alone sufficient poison to have killed him but for its elimination. The amœba and its products are excreted principally by the kidneys.

5. Some of the white corpuscles in the blood, and some of the pus corpuscles in the urine, in a number of acute infectious diseases, and in some subacute diseases, are often nothing more nor less than the ovule of this same amœba.

In this connection it is pertinent to suggest that a probable function of the spleen is the arrest and destruction of embryonic forms of the innumerable minute organisms with which all natural fresh waters abound.

Subsequent investigation will probably discover slight errors, but will no doubt confirm in the main what has been here foreshadowed.

The population in Germany in 1871 was 40,000,000, and of these no fewer than 143,000 died from smallpox. After that year vaccination laws were introduced making vaccination compulsory, and the result has been that the average number of persons who now die from smallpox in the Fatherland is 116.

—Med. Press & Cir.

SURGERY.

UNDER CHARGE OF W. B. ROGERS, M.D.

Professor of the Principles and Practice of Surgery and Clinical Surgery, Memphis Hospital Medical College.

The Present Position of Gall Stone Surgery.

Seymour (Amer. Jour Obstet., etc., vol. 40, no. 263) has had an experience of 27 cases of gall stone, from which he deducts thusly:

1. In Tait's operation of simple cholecystotomy with drainage of the gall bladder is the really ideal operation for gall stones in most cases, removing, as it does, the stones, and draining infected bile canals, and leaving no sutures as a nidus for another crop of stones, as Kehr and Homans have experienced.

2. In incision of the common and cystic ducts is the safest and most surgical means of removing stones in them.

The question of sutures or drainage of the ducts must be decided by the future.

3. In view of the splendid results of incision of the ducts for obstructing stones, excision of the gall bladder may find a wider field than heretofore.

4. McBurney has shown that incision of the duodenum and either dilatation or incision of the common duct through this incision is, in skilled hands, both efficient and safe for the removal of stones low down in the common duct.

5. In neglected cases with dense and many adhesions and dilated stomach, an additional gastro-enterostomy or pyloroplasty will save cases which would otherwise die.

6. The mortality of the simple cases is practically *nil.* Even in his 27 cases Seymour has had but two deaths directly connected with the operation. In one the patient, treated for weeks for cancer of the stomach and intensely jaundiced, died the fifth day of cholemia; and in the second case the cause of death was a dilated stomach in which a gastro-enterostomy would have given a vastly better chance. A third case was convalescent from the operation when stricken with a fatal attack of grip two weeks after operation.

Notes on Spermatocele.

Dowd (Buffalo Med. Jour., vol. 39, no. 5) reports a case of spermatocele occurring in a man aged 47 years. The author appends to the report the conclusions with regard to spermatocele:

1. It is probably one of the rarest forms of tumor found in the body, and especially of the scrotum. This statement can be substantiated by reference to any authority on genito-urinary surgery.

2. Its liability to rapid growth, attaining at times the size of a cocoanut.

3. Springing as it does from the vas efferentia, there is but one result of unobstructed enlargement, atrophy of the testicle. These growths, appearing as they do, in the prime of life, when the sexual function is at its best, atrophy of the testicle can only be followed by that train of symptoms so peculiar and trying to those who treat their possessor.

4. The usually advised treatment, that of tapping, is too often followed by relapse, and Volkmann's method, similar to that for hydrocele, necessitates a quite long continuance of dressings, and the like.

These tumors can be carefully dissected from their bed, either from behind or through the tunica vaginalis, as in author's case. Much care should be used if our choice is the latter, for the healing by first intention is all important in this, preventing scar tissue or testicular adhesions, which are so often followed by glandular (testicle) neuralgia.

OPHTHALMOLOGY.

UNDER CHARGE OF A. G. SINCLAIR, M.D.

Professor of Ophthalmology, Otology and Laryngology, Memphis Hospital Medical College; Ophthalmic, Aural and Laryngeal Surgeon to St. Joseph's Hospital; Ophthalmic and Aural Surgeon to the City Hospital.

Paroxysmal Hysterical Weeping.

Fromaget (Annales d' Oculistique) presents to us a new phase to that many-sided disorder, hysteria. His patient was a woman of 26 years of age, by occupation a tailoress. Her father was nervous and irascible, and suffered from a syphilitic form of irido-choroiditis. The mother was of a calm disposition, and in apparent good health. The girl's previous history was good. One afternoon, after an outburst of temper, the patient found that her eyes became and remained red. The next morning the lids were agglutinated. When seen at the author's clinic two days later the case presented the symptoms of an ordinary attack of catarrhal conjunctivitis, and as such were treated. The whole gamut of antiseptics and astringents that are usually applied was run without success. A simple hypermetropic astigmatism of one diopter with the rule was corrected, but without other result than giving a visual acuity of one-third of normal. Two months later the disease took the curious turn mentioned in the title—that of paroxysmal attacks of epiphora. These occurred at intervals of from ten to fifteen minutes apart, and at times kept the eyes red throughout the day. At night the attacks ceased. The trouble was always binocular. All of the organs of the body were in an apparently normal condition, except for certain functional nervous symptoms, such as disseminated zones of hyperesthesia on the hands and forearms, associated with absence of the pharyngeal reflex, and anesthesia of that nasal mucous membrane, of the conjunctiva and the cornea. Color vision was normal. The visual fields were concentrically contracted to about twenty-five to thirty degrees of normal. The fields of vision for red were as wide as those for blue. [Annals of Ophthal.

An Additional Case of Odontalgia Dependent Upon Insufficiency of the Internal Recti Muscles.

Neuschneler (Recuil d' Ophtalmologie), in describing this case, lays stress upon the fact that owing to the obscure origin of such cases they are probably frequently overlooked, and consequently are not as rare as is generally supposed; when discovered it being usually by accident. The author's patient, who was a medical student, noticed that after prolonged application of his eyes for near work he suffered from a pain in the orbit, which would finally spread to the teeth, and become so severe as to necessitate a cessation of close work. Glasses had failed to relieve the trouble. The eye grounds were found to be normal, the right eye being emmetropic. The left eye was myopic to the extent of one-

and one-quarter diopters. There was a tendency for the eyes to waver when they were fixed upon a near object. Prisms of two degrees strength, bases in, were ordered for close work, with the result that the dental pain was relieved. [Annals of Ophthal.

GYNECOLOGY.

UNDER CHARGE OF T. J. CROFFORD, M.D.
Professor of Gynecology, Memphis Hospital Medical College.

Two Cases of Uterine Tumor.

Recently before the Berlin Medical Society, Sandau (Cor. Med. Press & Cir., vol. 68, no. 3160) showed two extirpated tumors.

One was a multiple fibroid removed by laparotomy. The whole uterus, collum included, was removed. During the operation it was seen that the cervix was the seat of a carcinoma, which had not been and could not have been recognized before. The hemorrhage and emaciation did not point to it, as they were caused by the fibroma. This carcinoma must have spread further if supravaginal amputation had been performed, and then it would have been thought to have developed in the stump after operation. The case therefore showed in a striking manner, like the seven earlier cases in which operation had to be performed on account of development of carcinoma in the stump, that supravaginal operation should be dropped and that total extirpation was preferable. The second was a tumor removed from a lady of 50, who two years ago had a tumor the size of a child's head, and which grew rapidly. The emaciated lady presented the symptoms of a simple ovarian sarcoma. Whilst carcinoma was generally two-sided, sarcoma was usually unilateral and the prognosis much more favorable, so that definite recoveries had been observed in bilateral cases when the sarcoma of one side only had been removed.

The Management of Surgical Injuries to the Ureters.

MacMonagle (Amer. Jour. Med. Sc., etc., vol. 118, no. 6) says:

1. Surgical injuries to the ureters during extensive operations on the pelvic abdominal viscera are comparatively frequent, and are found to occur most often during vaginal hysterectomies.

2. These injuries can often be prevented by especial care both before and during the operation.

3. In uretero-vaginal fistula great care must be taken to have the urine aseptic before undertaking an operation for repair.

4. In uretero-vaginal fistula repair through the vagina should be first tried. Failing in this, extraperitoneal implantation into the bladder is to be preferred.

5. When injuries occur during abdominal operations, immediate repair by anastomosis or implantation should be undertaken. If the condition of the patient is low, implantation on the skin should be done with a view to future operation.

6. When anastomosis or bladder implantation cannot be accomplished, implantation in the other ureter or bowel are preferable to implantation on the skin.

OBSTETRICS AND PEDIATRICS.

UNDER CHARGE OF E. P. SALE, M.D., MEMPHIS.
Obstetrician to the City Hospital.

Extrauterine Pregnancy.

Lepage (Paris Cor. Med. Press & Cir., vol. 69, no. 3166), in lecturing on the diagnosis of the above, said that several cases of pregnancy, in reality uterine, had been taken to his knowledge for extrauterine pregnancy. The diagnosis of the latter presented, however, difficulties varying with the period of the gestation at which the woman is examined and the intensity of the incidents produced. For the last ten years the diagnosis was rendered more easy by a more accurate knowledge of the symptoms. Yet it was frequently possible to confound the situation of the fetus in both cases. A woman is seven months pregnant since her last monthly period; she has lost blood several times, and complained of suffering in the abdomen, pain not felt in previous pregnancies. Sometimes a doctor or a midwife called toward the third month of gestation have declared imprudently that abortion was imminent, and even that it had already taken place. Besides the patient had suffered some difficulty in emptying the bladder and the rectum. In a word, in questioning the woman the more or less classical type of ectopic pregnancy presents itself to the mind. It is thus that a strong road is being taken and will be persisted in if obstetrical examination reveals some anomaly in the form or in the situation of the uterus.

Mumps Complicated with Orchitis and Nephritis.

Acker (Amer. Jour. Obstet., etc., vol. 40, no. 3) reports two cases of this character occurring in colored children.

Among the many organs which may become implicated during the progress of a case of mumps, the testicle is the one most often affected. Orchitis is a rare complication in childhood, as the gland does not appear to be liable to such trouble until after puberty. Henoch and Vogel, in their textbooks on diseases of children, state that they have never seen a case. Holt writes: "Of 230 cases [of mumps] observed by Rilliet and Barthez, this was seen in but 10, and only 3 of these cases were under 15 years, and no case under 12 years old." It is usual to find it on left side, as it was in reporter's case, and on same side as the mumps.

For some years it has been known that nephritis has complicated mumps, but there have been only a few cases reported. Burne, 1851, published "a case of epidemic mumps, complicated with parotitis, orchitis, albuminuria, convulsions, recovery." This is the first time the subject was noticed. The patient was a boy 12 years old, who was taken sick on the 10th of the month. On the 24th the testicles became swollen, and on the 26th there were symptoms of inflammation of the kidneys. In three days the urine was free of albumin. Bienfait, in 1873, reported a case of albuminuria following the mumps. In an epidemic of 117 cases of mumps observed by R. Demme, in 2 cases there was acute nephritis. The cases developed suddenly and were well in a few days. Henoch, Croner and Isham have each reported a case. Musgrove and Slagle each saw a fatal case complicated with uremia.

Looking at the course the disease had taken, first the affection of the salivary gland, which subsided, then of the testicles and kidneys, it may be concluded that the action set up in the testicle and kidney was of the same character that was manifested in the parotid and due to the same cause. This view becomes more positive when we know that there are cases on record where the testicles were first swollen and the parotids became involved later. As Currier remarks: "The evidence is therefore abundant that we have in parotitis an infectious disease with multiple localization."

The author, therefore, urges the necessity of vigilance during the course of a disease so prone to infection of such important organs, and of attention particularly to the quantity of urine, and also to the testing of its character if there is any doubt.

The Treatment of Post-Partum Hemorrhage.

Currie (Boston Medical & Surgical Journal, vol. 141, no. 20) says of this subject:

1. A knowledge of the source of the hemorrhage is necessary to ensure intelligent action.

2. All rents when easy of access should be repaired at once.

3. If the body of the uterus is contracted, and bleeding excessive, and in all cases of hemorrhage following placenta previa, the whole cavity should be tamponed at once.

4. If this is not successful, or if the hemorrhage is constant and not excessive, secure the bleeding vessels, and, if possible, repair the injury.

5. If atony exist and hemorrhage not excessive, use external and bimanual compression of the uterus, followed, if necessary, by hot water, vinegar or acetic acid.

6. If not successful or if atony exist with excessive hemorrhage from the outset, tampon at once after using hot water.

7. Give morphia hypodermically to check the hemorrhage and stimulants, strychnia and auto-infusion to overcome the effects of the hemorrhage.

8. To prevent anemia use saline solution, preferably per rectum or hypodermically. May use saline solution by infusion also, if necessary.

SYPHILOLOGY AND NEUROLOGY.

UNDER CHARGE OF C. TRAVIS DRENNEN, M.D., HOT SPRINGS, ARK.

Condition of the Spinal Cord in Chronic Nephritis.

At the Berlin Society for Psychiatry (Cor. Med. Press & Cir., vol. 68, no. 3141), Hr. Henneberg showed preparations illustrating a condition of the spinal cord in chronic nephritis. Two preparations were shown. In one there were smaller and larger sclerotic patches. In one place softening of the gray matter had taken place, which was a rare occurrence in the spinal column. There was a complication of patchy disease with systematic degeneration of the columns.

Both were dependent on the same etiological condition, distinct disease of the vessels. In the second case this was not so widespread. There were both ascending and descending degenerations. All the diseases were due to disease of the vessels, which had set up disturbances of circulation.

Hr. Oppenheim considers the significance of the changes as correctly given, the changes in the vessels played the leading role. Such conditions were met with even in arterio-sclerosis. He had also seen similar changes in a case of chronic lead poisoning.

Hr. Goldscheider confirmed the role of the blood vessels in diseases of the cord. The cases brought forward he held to be contracted kidney. He had diagnosed clinically a case of nervous disease in a case of arterio-sclerosis. The symmetrical disease of long tracts was interesting; it was doubtful if this had any connection with the nephritis. In Bright's disease the cerebral symptoms predominated over the spinal.

The Relation of Migraine to Epilepsy.

Stevens (Amer. Jour. Med. Sci., vol. 119, no. 1) says:

1. Attacks of migraine occur associated with nausea and vomiting; this form is known as simple migraine, and usually remains unaltered during the life of the patient.

2. In other cases visual disturbances (hemianopsia, scintillating scotoma, amaurosis, etc.) are associated with the migraine, and the disease is then known as ophthalmic migraine.

3. When paralysis of the ocular muscles occurs with the migraine the disease is described as ophthalmoplegic migraine.

4. Migraine, especially the ophthalmic form, is related to epilepsy, and the attacks of migraine may precede for many years the convulsive attacks of epilepsy, although in most cases of migraine no convulsions are ever detected.

5. In some cases epilepsy appears in the form of one more of the disturbances seen occasionally with migraine, and later, even after many years, convulsions develop. The disease may be epilepsy from the beginning. It matters little, with our uncertain knowledge of the pathology of the two diseases, whether we regard these as abortive cases (*formes frustes*) of migraine that later become associated with epilepsy, or as abortive forms of epilepsy (sensory epilepsy), in which the convulsions later become apparent, provided we recognize a relation between some forms of migraine and epilepsy.

Conscientious.

The cobbler tossed the doctor's shoes
Unmended on the shelf.
"I will not do the job," he said;
"For in the Scriptures I have read,
'Physician, heel thyself.'"

Memphis Medical Monthly

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THE TREATMENT OF CONSUMPTION WITH THE TUBERCULIN PREPARATIONS.

With the axiomatic fact that experience teaches constantly before us, we are more than gratified at being enabled to publish in this issue of the MONTHLY a practical article on the use of the tuberculin preparations in the treatment of consumption. In the author we find combined the capacity to observe carefully, and the ability to present his views in an accurate, scientific manner—two qualities so essential in one who writes with a view to impressing his readers with the value and importance of some theory in medicine, or of some therapeutic agent whose virtues are controverted. None of the numerous drugs or methods of treatment from time to time suggested in the therapy of pulmonary tuberculosis has received greater vogue, nor, we might say, has so precipitately been dropped into disuse, as the tuberculin of Koch. Perhaps this disrepute was more quickly gained on account of the extravagant claims as first made for the agent—not by Koch himself, we would state, but by others who so readily grasped at this therapeutic straw.

It is said of Koch that he personally most strenuously objected to the somewhat premature exploitation of his product; and after the downfall of his tuberculin, and the discouragement necessarily attendant thereupon, we can but admire the persistence and indomitable perseverance of the man who has so devotedly stuck to the development of an agent which many thought had received its death blow by its early precipitation from the heights on which it had been enthroned by therapeutic enthusiasts. The result of this indefatigable labor on Koch's part was, a few years after the exploitation of tuberculin, the introduction to the profession by him of another product of the tubercle bacilli, which he called tuberculin R. This, so far as we are aware, was but a modified form of the original tuberculin, and was not seized upon with the avidity which characterized the welcome accorded the earlier product. But still a number of thoroughly competent clinicians began experiments with a view to obtaining satisfactory data as to the value of the new product, and their efforts and results lent sufficient zest to the investigation of this mode of therapy to encourage other laboratory workers in its development—the Klebs' antiphthisin and von Ruck's watery extract being the best known and most used of the modifications (for such they surely must be) of Koch's original product. Nevertheless, it must be said, despite the number of able clinicians who took them up, results have never been sufficiently satisfactory to encourage the general use of the tuberculin preparations in phthisis. Therefore it is interesting and valuable to read of the experience with these agents of one so competent to record his results as Dr. Barbour, and we gladly give prominence to an article from his pen, which deserves careful consideration.

WHERE YE EDITOR ERRED.

We don't remember now what the brand was. At any rate it must have produced a most extraordinary "Katzenjammer," for in no other state could ye editor have been that bright, beautiful morning last month when he wrote that editorial on "The Century's End"; since, when he wakened on the morning of January 1st, 1900, he imagined that he was in the twenti-

eth century. In this respect he eclipsed Rip Van Winkle, since this legendary personage had slept through an actual space of time, while ye editor had jumped a year without sleeping through it. Our friends, however, have resented such prematureness on our part, and now, the storm of disapproval having subsided, we admit our unseemly precipitancy, and agree with one of our correspondents who conceals his identity under the pseudonym "A Philadelphia Smart Aleck", that we were indeed in need of "a ray of light and a bit of kindergartening." No, the nineteenth century is still with us.

EDITOR'S NOTES.

Dr. Floyd M. Crandall, after several years of successful editorship of the Archives of Pediatrics, has, on account of the demands of private practice, resigned from his editorial office. His successor is Dr. Walter Leslie Carr.

A Diary for 1900, such as any physician would be glad to receive and put into practical use, has been published by Messrs. Fairchild Brothers & Foster, New York, N. Y., and can be obtained of them.

A Calendar of Extremely Good Taste has been received by us from the Chas. Phillips Chemical Co., New York, and has been placed in the conspicuous position deserved by such a pretty office ornament.

To Protracted Illness of the Chief Editor is due the delay in the appearance of this issue of the MONTHLY.

Dr. H. A. Gantt, President of the State Board of Health of Mississippi, has moved to Jackson, Miss., and formed an association for the practice of medicine with Dr. J. F. Hunter, of Jackson, one of the most prominent practitioners of the State. The combination of such talent should prove advantageous to both gentlemen.

Dr. Wirt Johnson, for many years a leading practitioner of Jackson, Miss., recently died in that city of pneumonia.

PROCEEDINGS OF SOCIETIES.

MEMPHIS MEDICAL SOCIETY.

Stated meeting, January 2, 1900. The President, Dr. E. C. Ellett, in the Chair.

Dr. Ellett read a paper on *Fibrous Tumors of the Naso-Pharynx, with Specimens and a New Instrument.* He spoke at length of a case in his practice of a boy with a large fibrous growth which entirely filled his naso-pharynx, and protruded clear through the nose. After repeated unsuccessful internal operations, one of which was accompanied by much hemorrhage, it was decided to remove the right side of the superior maxilla. This was done by Dr. John Maury, but the patient succumbed to the shock. The essayist also reported other cases like the above, but none to compare with it in interest. He showed a portion of the growth removed from the first case. Steel piano wire is used by him in snaring these growths.

Dr. J. L. Barton desired to know why fibrous tumors were more common in men than in women.

Dr. Ellett could not explain this.

Dr. Alfred Moore reminded essayist of a case referred to him by himself in which the growth had attained considerable size.

Dr. T. J. Crofford asked why Dr. Ellett preferred piano wire in ligating stump of growth.

Dr. Ellett considered it easier to handle.

Dr. F. D. Smythe reported a case occurring in the practice of his associate, Dr. W. B. Rogers, which had been referred to the latter for operation by Dr. J. L. Minor. The growth was of considerable volume, and, after some attempts to snare, was removed with a curette, used both through the mouth and the nose, under general anesthesia. He had recently seen this case again and, although the operation had been performed nearly three years ago, there had been no recurrence.

Dr. Ellett, in closing, expressed great interest in the subject, especially since he had seen one death due to this trouble, which he had been unable to remove early enough.

Dr. F. D. Smythe read a paper entitled *A Brief Résumé of Cases Operated During Three Months Service at the City Hospital* (see p. 27, January issue).

Dr. E. C. Ellett inquired concerning a case of auricular abscess reported by the essayist.

Dr. W. C. Griswold asked why Dr. Smythe preferred the suprapubic route for entering the bladder.

Dr. Smythe considered this method less dangerous, in which Dr. Griswold concurred.

Dr. J. L. Barton asked if glands in syphilis are enlarged only when patient has a mixed infection.

Dr. Smythe replied, yes. He had never seen a suppurating syphilitic gland.

Dr. Alfred Moore asked concerning treatment of case of ulcer of leg, reported by essayist.

Dr. Smythe regarded palliative treatment of this condition as of no avail.

Dr. M. Goltman would know the condition of the medullary centre of the bone in gangrene of the foot.

Dr. Edwin Williams asked for an explanation of the more common occurrence of fibroids in the negro than in the white race.

Dr. Smythe could offer no explanation of this.

Dr. T. J. Crofford remarked that he considered sterility in fibroid cases as due to diseased appendages.

Dr. Smythe said that three out of four of his cases of fibroids had diseased ovaries, and all four were sterile.

Stated meeting, January 16, 1900. The President, Dr. E. C. Ellett, in the Chair.

The Correction of Deviated Nasal Septa (see p. 77) was the title of a paper read by Dr. Richmond McKinney.

Dr. F. A. Jones said that two of the patients mentioned by Dr. McKinney had been referred to the doctor by him. One, a gentleman, who suffered with complete stenosis of left naris since childhood, which had much impaired his health, had, since the operation, greatly improved in health; a constant cough with hectic symptoms, having entirely ceased. He now sleeps, eats and looks well, says he "feels himself again."

The other was a young lady of highly nervous temperament. Her general health has steadily improved since the operation. Dr. Asch's operation strikes the general practitioner as being a good thing for relief of a condition which gives rise to many distressing symptoms. Commended the ability of Dr. McKinney.

Dr. G. G. Buford asked Dr. McKinney if he did not think that such obstructive diseases as "adenoids," for example, would tend to produce septal deviation.

The President has had some experience with the Asch operation, and more with the older methods of operating, which he found unsatisfactory. Trimming off the convexity of the septum does not as a rule restore nasal breathing. He has recently removed the whole inferior turbinated body from the obstructed side of a patient who declined the Asch operation, and the result was very good. Thorner has recently called attention to the fact that not only is breathing restored, but often a crooked nose is made straight by putting the septum back in the median line. As regards the anesthetic, general anesthesia permits freer manipulation and a more thorough operation, and he prefers it in all nasal operations as severe as this.

Dr. J. L. Barton desired to know if the period of anesthesia after the cover was removed from the nose would be long enough for the thorough performance of the operation.

Dr. McKinney, in closing, said that he had not attempted in his paper to consider the entire subject of septal deviations, for in order to do this it would require many pages of manuscript and far more of the Society's time than he cared to consume. He had merely desired to emphasize the value of the Asch operation in this condition. The method of trimming away the redundancy of the septum, as first practiced by Bosworth, had been tried by him and found wanting. As to the possibility of "adenoids" provoking deviations of the nasal septum, he regarded this as a very probable factor, since it has been noted that these growths, by obstructing respiration, cause, at times, arching of the hard palate, and the compression resulting therefrom would very likely throw the septum out of alignment. He preferred cocaine anesthesia in this

operation for various reasons, some of which had been stated in his paper. In none of the cases operated upon by him had there been any great amount of pain complained of during the operation. In reply to Dr. Barton's question as to the length of time required to keep the patient under anesthesia, in the event of the use of general anesthesia, the operation required barely two minutes, or less, for its performance by a skilled operator.

Rectal Troubles as Seen in the Negro (see p. 75) was the title of a paper by Dr. Frank A. Jones.

Dr. J. L. Barton said that he had never seen cancer of the uterus in the negro, although he had a large experience in negro practice in the State of Arkansas.

Dr. T. J. Crofford confirmed the essayist in finding cancer in the female negro. In the last three weeks he had had three cases of cancer of the uterus in negroes. Two of these had been operated upon, the third being refused operation on account of the advanced stage of the disease.

Dr. W. C. Griswold has seen many cases of cancer of the uterus in the negro race. He had a large experience with the negro. They are more prone to hemorrhoids, diseases of the rectum and bowels than the white race. There are many diseases much more prevalent among negroes than among whites. When very sick the negro will not stand as large doses of medicine as the white man.

Dr. J. H. Reilly said that the statements of the essayist and the different speakers should go on record, since several men of acknowledged ability, and whose word counts for so much with the profession, hold such diametrically opposite views.

Dr. G. G. Buford sees cancer in the negro female quite often. Does n't see why the negro race should not be more prone to this disease than the white, since lacerations, filth, etc., leading up to the condition, are more prevalent among them. In the capacity of U. S. Government pension examining surgeon, he had during the past six years examined between 3000 and 4000 negro men. A large proportion of these had hemorrhoids, even although they were seen by him at the age when hemorrhoids generally begin to atrophy in the white. He can't see why the assertion had been made by some authors that hem-

orrhoids do not occur in the negro. In his experience had seen three or four cases which were diagnosed as stricture of the rectum of syphilitic origin. Perhaps the reason that he had not seen more of these was that the negroes seen by him were usually of advanced age, and the cases of rectal syphilis may have died without coming for examination.

Dr. Alfred Moore asked if the cases seen by Dr. Crofford had been confirmed by microscopic examination. He had seen sloughing fibroid mistaken for cancer.

Dr. Crofford said that he relied more upon clinical symptoms than upon microscopic evidence in these cases. The histologic changes were usually so great in the cases seen by him that the microscope was of not much value. Sloughing fibroid may be mistaken for cancer, but he believed that he could always differentiate between them.

The Use of Rubber Gloves in Obstetric Practice was reported upon by Dr. Alfred Moore. He was very favorably impressed with their utility in securing afebrile puerperiums.

Dr. Robt. H. Mitchell reported *A Case of Post-partum Puerperal Eclampsia in a Patient Aged Sixteen Years.* Was called one night to see this case, and found that she had had several convulsions before his arrival. Patient had been delivered by a midwife. The placenta had not been expressed. Convulsions were at once checked by the use of chloroform to the surgical degree, and afterbirth expressed *a la Crédé.* According to statement of mother, the labor was not prolonged. In spite of chloroform, despite chloral per rectum in large doses, notwithstanding exhibition of veratrum and bromides, convulsions continued. Repeated doses of veratrum were given with no effect. The patient being very constipated, it required two minims of oleum tiglii twice repeated to move bowels. Movement resulting very small. Patient was never conscious after first convulsion. Pulse was of fair volume when first seen—115. Gave infusion of salt solution under each breast twice. Pulse grew rapidly worse, and despite every effort on reporter's part, patient died fifty-six hours after first convulsion.

Dr. G. G. Buford said that he had had three cases of eclampsia in his own practice, all of which recovered. Bled first patient with pocket knife, no other instrument being available.

The other two were bled in usual way. Would ask why Dr. Mitchell did not bleed his case.

Dr. J. H. Reilly reported a case of ante-partum eclampsia, in which he induced labor. Convulsions ceased, but patient died.

Dr. Wm. Krauss asked why Dr. Mitchell did not continue to use bromide of potash, which, looking at it from a theoretic point of view, might decompose the urea, which is the cause of the eclampsia, into a neutral potassium salt.

Dr. E. E. Haynes had had four cases, with two deaths. One patient began to have convulsions a week after labor ended.

Dr. Edwin Williams asked if Dr. Mitchell considered constant irrigation of rectum with salt solution of any benefit. Had seen it used in the Lying-in Hospital, New York, with good results.

Dr. Mitchell, in reply to the different queries, said that he considers bleeding of great benefit, but in this case patient was already too much depleted. The irrigation of the rectum with salt solution is a good thing, but available in hospital practice only.

Dr. Frank A. Jones reported *A Case of Edema of Glottis* in a negro, due to acute parenchymatous nephritis, who died five minutes after entrance to the city hospital, seven hours after attack began.

BOOK REVIEWS.

The Abdominal Brain and Automatic Visceral Ganglia. By Byron Robinson, B.S., M.D., Chicago, Ill., Professor in Chicago Post-Graduate School of Gynecology and Abdominal Surgery; Professor of Gynecology and Abdominal Surgery in the Harvey Medical College and in the Illinois Medical College, etc., etc. Price, $3; sent postpaid on the receipt of price. The Alkaloidal Clinic, Ravenswood Station, Chicago.

No more prolific writer than the author of this book has figured in the medical literature of the last decade, and with all this output from his pen it must be admitted that Dr. Robinson has made some notable contributions to our knowledge of gynecologic surgery. Perhaps the most extraordinary of his writings is the present work, which contains views concerning the anatomy, physiology and pathology of the abdominal brain. As the author says, the abdominal brain

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is the solar plexus of the older authors. In this book, which, the author says, "is partly based upon the so-called reflexes as they are observed in health and disease," he has attempted to show the extensive utility and dominating influence of the abdominal sympathetic nerves upon the animal economy. In prosecuting this endeavor, Dr. Robinson has supplied us with a unique and interesting presentation of his views, and we can commend its reading from the standpoint of peculiarity, as well as scientific worth. In the preparation of this volume the author has culled well the literature pertaining to his subject. We cannot say much for the paper, printing, illustrations and binding employed in the production of this book, but these deficiencies can well be lost sight of in the reading of a work so thoroughly interesting as is this.

A Manual of the Diagnosis and Treatment of the Diseases of the Eye. By Edward Jackson, A.M., M.D., Emeritus Professor of Diseases of the Eye in the Philadelphia Polyclinic, etc., etc. With 178 illustrations and 2 colored plates. Price, $2.50 net. W. B. Saunders, 925 Walnut st., Philadelphia, Pa.

It is intended by the author that this book shall meet the needs of the general practitioner of medicine and the beginner in ophthalmology. With this in view the work has been made eminently practical, and treats largely of the actual work of dealing with disease. One chapter (No. XX) is specifically devoted to the relations of ocular symptoms and lesions to general diseases, the references contained therein serving to put the reader in touch with the important facts found in all the preceding chapters. The chapter on ophthalmoscopic diagnosis is well written, explicit, and easy of comprehension to the novice. Chapter VI, which treats of refraction of the eye, the use of mydriatics and myotics, etc., is particularly good on account of its simplicity and clearness; in fact, these qualities may be ascribed to the entire work. The full illustration of this volume is not the least of its charms, and renders it of even more practical value to practitioners and students.

The Surgical Diseases of the Genito-Urinary Tract, Venereal and Sexual Diseases. A Textbook for Students and Practitioners. By G. Frank Lydston, M.D., Professor of the Surgical Diseases of the Genito-Urinary Organs and Syphilology in the Medical Department of the State University of Illinois; Professor of Criminal Anthropology in the Kent College of Law; Surgeon-in-Chief of the Genito-Urinary Department of the West-Side Dispensary. Fellow of the Chicago Academy of Medicine; Fellow of the American Academy of Political and Social Science; Delegate from the United States to the International Congress for the Prevention of Syphilis and the Venereal Diseases, held at Brussels, Belgium, Sept. 5, 1899, etc. Illustrated with 233 engravings. 6½ x 9½ inches. Pages xvi–1024. Extra cloth, $5.00, net; sheep or half-Russia, $5.75 net. The F. A. Davis Co., Publishers, 1914–16 Cherry street, Philadelphia.

As a lecturer, the author of this book has a pleasing style which appeals especially to his students, and as a writer, his fluency of diction and thorough consideration of any subject upon which he may enter have gained him wide recognition. In no degree does Dr. Lydston depart from his claim to distinction as an author in this book, for he has gone exhaustively, carefully and clearly

into his subject. The volume comprises 1000 pages, and we cannot say that there is a single dull page within the book.

In his consideration of the therapeutics of the various diseases treated of by him in the work, Dr. Lydston has been so ample as to render the work especially acceptable to practitioners, to whom this practical feature always most strongly appeals. From the following general arrangement of the book some idea of its contents may be gleaned: Part I, General Principles of Genito-Urinary, Sexual and Venereal Pathology and Therapeutics. Part II, Non-Venereal Diseases of the Penis. Part III, Diseases of the Urethra and Gonorrhea. Part IV, Chancroid and Bubo, and Their Complications. Part V, Syphilis. Part VI, Diseases Affecting Sexual Physiology. Part VII, Diseases of the Prostate and Seminal Vesicles. Part VIII, Diseases of the Urinary Bladder. Part IX, Surgical Affections of the Kidney and Ureter. Part X, Diseases of the Testis and Spermatic Cord. Numerous illustrations elucidate the text of this very thorough and modern book.

Cocoa and its Therapeutic Application. By Angelo Mariani. With illustrations. Third edition. J. N. Jaros, 52 W. 15th street, New York.

Through the courtesy of Messrs. Mariani & Co. we have received a copy of this treatise upon Erythroxylon Cocoa. M. Angelo Mariani is to be commended for having produced such a valuable little work, which he has divided into the following four parts:

1. The botanical character of cocoa, in which its culture and mode of gathering are considered.
2. Its history, its properties and uses.
3. The physiologic researches made in the domain of cocoa, devoting a special chapter to cocaine.
4. Its therapeutic application.

Bacteriology in Medicine and Surgery. A practical manual for physicians, health officers and students, by Wm. H. Park, M.D., Associate Professor of Bacteriology and Hygiene in the University and Bellevue Hospital Medical College, New York. In one 12mo. volume of 688 pages, with 87 illustrations in black and colors, and two full page colored plates. Cloth, $3 net. Lea Bros. & Co., Philadelphia and New York.

The importance of a study of pathogenic bacteriology, especially as applied to surgery, is now so generally accepted that the medical student or practitioner who does not acquire a knowledge of this subject in all its modern aspects is handicaped in the practice of latter-day antisepsis and preventive medicine.

The author of the book before us, Professor Park, has for some time occupied a conspicuous position among writers upon surgical topics, and his ability as author and surgeon has long since been generally conceded. In this latest addition that he has made to the literature of medical service, he has given us a work on a popular and important subject, written in a style both practical and interesting. His treatment of laboratory technique is full yet not voluminous. In his reference to the subject of the chemical changes produced by bacteria, infection, immunity, the nature and use of protective serum, the diagnostic value of bacteriologic cultures, etc., etc., he has made evident the possession

by him of the thorough knowledge that comes from personal experience and extensive reading.

Laboratory methods for the isolation and identification of the bacilli of typhoid, tuberculosis and diphtheria have been given with especial fullness, thus rendering the work of particular value to health officers.

Illustrations in black and colors abound, the typographic work is of a superior quality, and a novel and useful "Table of Diseases and the Bacteria Found in Them," completes a most excellent work.

Musser's Medical Diagnosis. A Practical Treatise on Medical Diagnosis. For the use of Students and Practitioners. By John H. Musser, M.D., Professor of Clinical Medicine, University of Pennsylvania, Philadelphia. New (third) edition, thoroughly revised. Octavo, 1082 pages, with 253 engravings and 48 full-page colored plates. Just ready. Price, cloth, $6 net; leather, $7 net.

In this exhaustive work by Musser we have a complete, practical guide for the modern science and art of diagnosis. The work is preëminently clinical in its character, and the student and practitioner are brought in touch—to the bedside, as it were—with the patient. Modern procedures of precision in diagnosis are clearly explained and carefully taught. The preparation of this third edition of his work has given the author an opportunity to revise and enlarge the volume, which, it is needless to say, he does on every call for a new edition of his characteristic book. No less than fifty engravings and thirty-seven full-page colored plates have been added. A novel series of thirty-two plates, pictorially explaining the subject of physical diagnosis, is not the least valuable addition.

Thorington. Refraction and How to Refract. Including sections on Optics, Retinoscopy, the Fitting of Spectacles and Eye-Glasses, etc. By James Thorington, A.M., M.D., Adjunct Professor of Ophthalmology in the Philadelphia Polyclinic and College for Graduates in Medicine; Assistant Surgeon at Wills' Eye Hospital; Associate Member of the American Ophthalmological Society; Fellow of the College of Physicians of Philadelphia; Member of the American Medical Association; Ophthalmologist to the Elwyn and the Vineland Training School for Feeble-minded Children; Resident Physician and Surgeon Panama Railroad Co. at Colon (Aspinwall), Isthmus of Panama, 1882–1889, etc. 200 illustrations, 13 of which are colored. Octavo, 301 pages. $1.50 net, cloth. P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, Pa.

At the request of the many students who have attended the author's lectures on "Refraction" at the Philadelphia Polyclinic, he has written this book. While primarily intended for beginners in the study of ophthalmology, yet it is especially adapted to meet the requirements of those practitioners and students who may have a limited knowledge of mathematics and who can not readily appreciate the classic treatise of Donders. The simplicity of the author's style, together with the systematic and practical manner in which he has treated his subject, will render this book of peculiar value to students, for the subject of opthalmology, particularly that portion of this science which calls into use much that

is fine in mathematics, is invariably difficult of assimilation to beginners. In this little book the laws of optics, the use of the ophthalmoscope, the art of retinoscopy, the correction of errors of refraction, etc., etc., are all duly and clearly considered. The book is of great practical worth.

Progressive Medicine—Volume IV. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 398 pages, 51 engravings and 5 plates. Lea Brothers & Co., Philadelphia and New York.

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The rapidity with which "Progressive Medicine" has gained the widespread acceptance of the profession is the strongest endorsement of its practical value to the busy practitioner.

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Is the title of a very cleverly written manuscript which The Cosmopolitan Magazine prints in its December issue, as part of its series of Household Organization articles. More than 4000 mothers, scientists and specialists have already sent in manuscripts in competition for the prizes, amounting to nearly $3,000,000, offered by The Cosmopolitan Magazine for articles for this series in connection with Household Organization, Family Customs, Care of Children, Care of the Sick, Care of the Teeth, etc.

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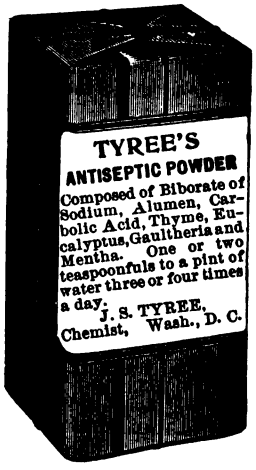
The volumes of this series will hereafter be bound in red cloth, heavy beveled edge boards, and also in flexible red leather with round corners and with margins trimmed to facilitate carrying in the pocket. The leather bound books will cost 50 cents more than the cloth bound.

CLINICAL REPORTS.



This preparation is prepared by methods which bring together and hold in definite chemical union in the form of a soluble, odorless, non-irritating powder, such valuable antiseptic, detergent and astringent agents as soda, bor., ac. carbol., glycerin, the cryst. principles of thyme, eucalyptus, gaultheria and mentha. Some of these agents were formerly used in high-priced solutions under the claim that the value of their combination depended solely upon dispensing them in solution. Tyree's Powders represents all the good there is in these agents. In the selection of agents for the treatment of diseases of the female genital organs, one must be guided largely by individual preference and experience. It is well, however, to sometimes adopt the methods and measures found most useful by the majority of physicians whose experience and standing enable them to speak with authority upon any subject pertaining to their especial line of work. I believe that I do not exaggerate when I say that the majority of this class of gentlemen are decidedly partial to Tyree's Antiseptic Powder not because it is as powerful as bichloride, as familiar as carbolic acid or as cheap as permanganate, but because it possesses the individual advantage of all three of these popular agents without a single one of their many disadvantages. Tyree's powder is so entirely personal and prompt in its behavior toward diseased conditions of the mucous membrane of the male and female genital organs that it is now resorted to by most genito-urinary surgeons of standing in all persistent cases, whether they are due to pathogenic or operative causes. It is as servicable in one as it is in the other. It is servicable in all and that's why its used by all. Its very lack of powerful germicidal influence makes it a powerful germicide because it can be used freely in any strength, at any time, on any case, by anybody, as there has never been a case recorded

where its effect was in the least poisonous. Two gallons of Standard Antiseptic Solution can be prepared in an instant from so small a quantity as two ounces which can be carried in a pill box at a cost of 25 cts. Made under ordinary methods such a quantity would cost fully $1 or more. The low price is due solely to to the fact that the water, alcohol and expensive containers have been left out and the patients pay for nothing but what they really need (the powder). They add the water themselves, consequently the use of this powder means getting the best therapeutic value out of the best known agents for leucorrhea and gonorrhea in the shortest space of time at the least risk and the smallest cost. So conservative an organ as the *New York Polyclinic* comments upon this preparation as follows:

"We believe that, as a rule, leucorrhea is not well treated, therefore we make no apology for alluding to the treatment of so common an affection. Unless the vaginal flow be of intrauterine origin, we know of no other means so simple and yet so effectual as the use of Pulv. Antiseptic Comp., Tyree's. It is in every way preferable to all the usual remedies used, many of which stain and are objectionable. The quality of endorsements given to this preparation are such as to stamp it as an article of unquestionable merit for the various forms of leucorrhea."

The New Orleans Polyclinic Thirteenth Annual Session

Opens November 20, 1899—Closes May 10, 1900. Every inducement in clinical facilities for those attending. The specialties are fully taught. Further information, New Orleans Polyclinic, New Orleans, La.

At this season of the year, when physicians are called on to treat many rheumatic and neuralgic conditions, the successful practitioner naturally desires a reliable remedial agent. There is nothing which will correct rheumatism, neuralgia, grippe, nervous headache, gout, sciatica and lumbago more promptly and thoroughly than the Tongaline preparations. Tongaline is the logical prescription for these complaints, as it contains the anodyne action of tonga, the antiseptic and anti-rheumatic action of salicylic acid, the anti-spasmodic action of cimicifuga, the cathartic and diuretic action of colchicine, and diaphoretic action of pilocarpine. Hence it will be observed that Tongaline is constructed for the purpose of inducing general elimination, which it accomplishes by its stimulating action on the liver, bowels, kidneys and pores, whereby the poisonous and viscid secretions which are the cause of the diseases mentioned above are speedily removed. Attention is called to the very important fact that all of the salicylic acid used in Tongaline

is made from the purest natural oil of wintergreen, and according to the most eminent medical authorities this salicylic acid is the only kind which should be taken into the system, as the use of the synthetic product is apt to be attended by very injurious consequences.

Nervous Prostration.

My son, aged 12, had been growing nervous over the shock of his brother's death and seemed to derive no benefit from any remedies used in his case. Had him to the sea shore, change of surroundings and everything that could be done for his benefit; he still grew thinner and worse all the time. I put him on Celerina, and had marked benefit before the first bottle was used, and he has almost entirely gotten over it with the help of another bottle I got for him. I consider it a very nice and efficient nervine, just the thing for children and nervous and delicate persons, where there is great prostration. I shall use it freely. N. P. Frassoni, M.D., Moosic, Pa.

Clinical Reports.

French Doctors Painted by French Authors.

Since the days of Molière, French authors have shown scant sympathy with the practitioners of medicine, but as a general rule their gibes have been directed against the mysticism and alleged ignorance of the followers of Æsculapius, in fact, the attacks were satirical rather than critical. During the last few years the attitude of authors has undergone a change for the worse in that they appear to take a wicked pleasure in holding the doctor up to obloquy and contempt by more or less precise allegations of venality and actual professional misconduct. The ignoble author of "Le Mal Necessaire" paints the clever but unscrupulous surgeon who operates for a fee without the slightest regard to the necessities of the case and the interests of his patient, and winds up by representing him as performing total hysterectomy on a young lady who was pregnant as the result of the advantage he had taken of her temporary unconsciousness some months previously. Léon Daudet, the unworthy offspring of a great sire, in the *Morticoles* wove a dreary but highly colored picture of a hypothetical world in which doctors were all powerful, and he paints them as capable of every crime and of every abuse. Still more recently Zola in his "Fécondité," with his pecular facility for unearthing the hideous in life, introduces us to the abortionist doctor and the unscrupulous surgeon, nicknamed "the universal steriliser," in short, he leaves a very disagreeable impression on one's mind of medical practice in Paris, if not in France as a whole. If these authors and others are to be believed, morality, and even mere honesty, are conspicuous by their absence among French practitioners, even in the highest ranks of the profession. Dichotomy, the practice of sharing fees extorted from patients, is reputed to be quasi-universal, and any idea of a responsibility toward the patient is everywhere scouted. We decline to accept the pictures as true to nature, for the profession in France could not continue to exist were its morality at as low an ebb as we are invited to believe. At the same time there undoubtedly exists scope for reform in that there is no body corresponding to our General Medical Council possessing the power of weeding out the unworthy. The French doctor may advertise in the most un-

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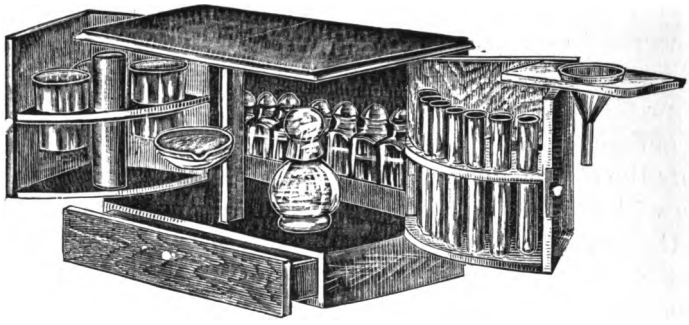

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The following contents, it will be seen, provides for Heller's, Moore's, Trommer's, Fehling's and the Fermentation Tests. It is the most convenient and most complete set ever offered to the profession. Eight reagents, viz: sulphuric acid, acetic acid, muriatic acid, nitric acid, iodide potassium and mercury, Fehling's solution, potassium hydrate, ammonia; one urinometer, best; one alcohol lamp, two beaker glasses, two glass funnels, one porcelain evaporating dish, twelve test tubes, one test tube holder, two watch glasses, one pipette, one stirring rod, two books litmus paper, filter papers.

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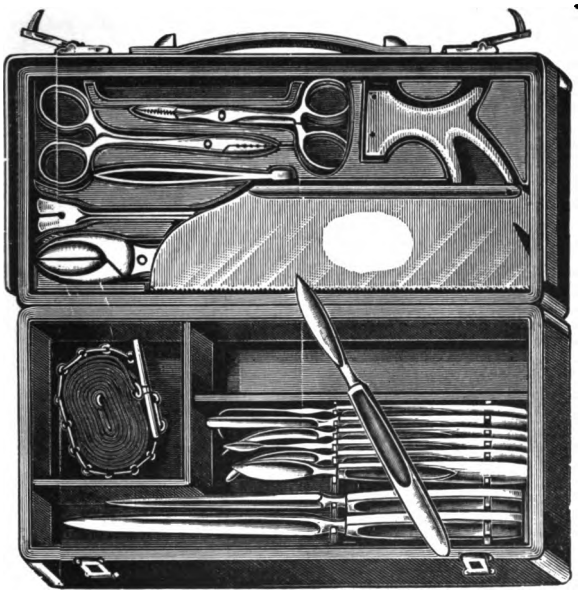

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1 Tenaculum.
1 Pair Bone Forceps, Box Aseptic Joint.
1 Groove Director and Tongue Tie.
1 Splinter Forceps.
1 Pair Scissors.
2 Tait's Hemostatic Forceps.
1 Tait's Needle Forceps.
3 Pean's Hemostatic Forceps.
1 Esmarch's Bandage and Chain.
1 Card Silk.
½ Dozen Needles.
1 Pair Probes.

This cut represents our "Sachel" Compact Aseptic Amputating Case. This case is solid leather covered and leather lined. All material used in its construction is of the very best; it has metal corners, metal handle fastenings, and nice sachel handle to carry it by. Name plate on side and all metal finishings highly nickel plated. Hand forged knives and quality guaranteed.

Price, $25.00 Same Case, with Gault's Aseptic Trephine, $27.00

ELLIOTT'S OBSTETRICAL FORCEPS.

All Metal, Aseptic Handles, Finest Quality, Hand Forged, $4.00 each.

We warn the profession against purchasing the cheap, cast iron obstetrical forceps that are now sold by many dealers.

HYPODERMIC NEEDLES.

Universal Thread	**each,**	**$0.15**
Hypodermic Needles	**per half dozen,**	**.60**
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blushing manner without let or hindrance, and provided he keeps clear of the criminal law he is amenable to no disciplinary jurisdiction. Even after conviction apparently he is free, as soon as he has purged his offence, to recommence practice, so that the ranks of the profession inevitably comprise many black sheep. The pity is that the French writers select these black sheep for their heroes or villains, as the case may be, to the detriment of the reputation of the profession as a whole.—*Editorial in Med. Press & Circ.*

Sanmetto as an Internal Remedy for Genito-Urinary Conditions.

While fully realizing the superfluity of further testimonials concerning a remedy so well and favorably known to the entire medical profession as is Sanmetto, yet as I possess an extended knowledge of its reliability based on several years' clinical experience and on the treatment of hundreds of cases in which it has proven itself eminently fitted to lighten the cares of the genito-urinary surgeon, I am perhaps invested with a certain authority which should permit me the privilege of adding my meed of praise. In all the inflammatory conditions of the genito-urinary tract, from the meatus to the pelvis of the kidney, the administration of Sanmetto is invariably beneficial. It not only renders the urine bland and unirritating, but also exerts a specific action on the inflamed tissues, soothing and restoring the tonicity of the parts. Its tonic action on the prostate is of such a nature that it proves of equal advantage in cases of either hyperplasia or of atrophy, and there is no remedy so uniformly successful in the treatment of atonic impotency or pre-senility. I have found it of inestimable service in the preliminary preparation of cases requiring surgical interference, and, combined with salol, use it constantly to secure urinary antisepsis. I am fully of the opinion that Sanmetto represents all that could be hoped for or desired as an internal remedy for genito-urinary conditions. H. R. Weber, M.D., Chicago, Ill.

TREHERNE'S

Aromatic Solution of Hypophosphites.

THE TREHERNE CHEMICAL COMPANY announce to the medical profession that they have put upon the market an ideal preparation of the Hypophosphites which will be found to possess many advantages over other preparations of these salts.

FORMULA. Each fluid ounce contains:

Calcium Hypophosphite	.....	8 gr.
Sodium "	.....	8 gr.
Iron "	.....	1 gr.
Manganese "	.....	1 gr.
Quinine "	.....	½ gr.
Strychnine "	.....	1-16 gr.

All held in perfect solution and combined with an agreeable vehicle.

It is Palatable. Because it is not a syrup it is devoid of that peculiarly nauseous bitter-sweet taste common to all such preparations of the hypophosphites, while possessing all of their advantages.

It is Easily Borne by Delicate Stomachs. Because of its palatable and agreeable taste it is tolerated by the most fastidious stomachs and readily assimilated by the most delicate.

Its Administration is never accompanied by those gastric disturbances which so often follow the use of this combination of the Hypophosphites in the form of a syrup.

Its Application in Therapeutics. In the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and the sequelæ of LaGrippe, it possesses special value. In all mental and nervous affections accompanied by depression and melancholia, in Atonic Dyspepsia, and in all cases of debility arising from exhaustive diseases, it will give most gratifying results.

Correspondence solicited.

Treherne Chemical Co., Memphis, Tenn.

Mark Twain on Christian Science.

The great humorist in a recent magazine article gave his experience of Christian Science treatment in a severe injury he received while traveling in Italy. During the treatment Mark Twain, always eager to learn, had surgical discussions with his physician, seeking earnestly to get at the real philosophy of the treatment, of which he gives a graphic specimen.

At that point the Stubenmädchen trod on the cat's tail, and the cat let fly a frenzy of cat-profanity. I asked, with caution:

"Is a cat's opinion about pain valuable?"

"A cat has no opinion; opinions proceed from mind only; the lower animals, being eternally perishable, have not been granted mind; without mind, opinion is impossible."

"She merely imagined she felt a pain—the cat?"

"She cannot imagine a pain, for imagination is an effect of mind; without mind there is no imagination. A cat has no imagination."

"Then she had a real pain?"

"I have already told you there is no such thing as real pain."

"It is strange and interesting. I do wonder what was the matter with the cat. Because, there being no such thing as real pain, and she not being able to imagine an imaginary one, it would seem that God in his pity has compensated the cat with some kind of a mysterious emotion usable when her tail is trodden on which for the moment joins cat and Christian in one common brotherhood of—"

She broke in with an irritated—

"Peace! The cat feels nothing, the Christian feels nothing. Your empty and foolish imaginings are profanation and blasphemy, and can do you an injury."—*Editorial in Med. Times.*

Alterative Medication.

Henry (*Medical Essays*) points out the essentials of a successful tonic and alterative medicine. Such a combination will ultimately fail if it is not well adapted to the demands of an extended course of treatment. Among facts which may be considered as most thoroughly established by clinical experience are the peculiar tonic and alterative value of the salts

of iron, bichloride of mercury and arsenic. They promote appetite, digestion and assimilation, in a word, are tonic, and improve the general condition of the system by correcting errors in fluids and functions, in other words are alterative. The combined action of these drugs is three-fold and the action of one is supplementary of the others. He prefers the protochloride of iron, which stimulates the glands of the stomach and augments the blood-making functions. This action is supplemented by the sedative and oxygen-carrying power of arsenic and the intestine and liver stimulation of the bichloride of mercury. Besides all this, when these remedies are properly combined, as in the Elixir of Three Chlorides(Henry), they do not disturb digestion, cause constipation or produce other unpleasant effects.—*Medical News.*

Phenalgin.

Dr. Bernain, in the *Journal de la Sante*, Paris, says of Phenalgin: It has the double advantage of being an active and perfectly harmless medicine. It is an excellent anodyne for pain in all forms, and especially for rheumatismal and grippal neuralgia now so prevalent in France. In these cases Phenalgin is superior to morphine, quinine, and the bromides.

Another prevalent malady is articular rheumatism. Phenalgin quickly battles with the symptoms and averts the most serious complications liable to occur in this painful affection. A few doses of this drug thoroughly subdues the pain of muscular rheumatism or "lumbago." In gout, sciatica, menstrual, nephritic and hepatic colics, this remedy in doses of from 5 to 20 grains according to circumstances acts as a perfect analgesic, bringing to an immediate end the physical pain caused by these complaints.

Owing to the stimulant and diffusible properties of the ammonia that enters into its composition, Phenalgin is especially useful in spasmodic affections, whooping cough, asthma, the convulsions of hysteria, Saint Vitus' dance and even the crisis of locomotor ataxia.

Phenalgin, moreover, may be combined or associated with a number of other active medicines, thus permitting its use in all sorts of painful or febrile conditions. Its alkalinity neutralizes the acids resulting from visceral fermentation in persons of arthritic rheumatism or gouty diathesis. In addition to its sedative and anodyne properties, it produces a complete and decided improvement of cellular nutrition.

It is a remedy, the use of which ought to be better known especially in France, where the majority of acute and chronic affections are complicated with a nervous element that is in no wise to be disregarded.

Treatment of a Case of Facial Neuralgia.

Bernays (Report of a Surgical Clinic) cites a peculiarly obstinate case of facial neuralgia with treatment. The patient was a lady aged fifty years, who showed a good family history and whose previous health was also good. The trouble began with a severe neuralgic toothache of her lower right molars, and was paroxysmal at first, but after two months became continuous. The paroxysms generally occurred in the early morning, and entailed much acute suffering. The pain was relieved by biting strongly upon some firm object, but returned immediately when pressure was removed. The touch of anything cold or hot promptly excited a paroxysm. A moderate heat when sustained produced the opposite effect. In the effort to afford relief four molars were extracted, but without success. The patient strenuously held out against the use of narcotics in any form throughout the entire course of the disease. Antikamnia in ten-grain doses (two five-grain tablets) was found efficient as an obtundant, and was relied upon exclusively. Eight weeks after section of the nerve, when the report was written, there had been no return of her former trouble in any degree.—*Medical News*, January 13, 1900.

DYSMENORRHEA

DIOVIBURNIA is **the reliable remedy** in Dysmenorrhea (invaluable in congestion), relieving pain and regulating the uterine functions, possesses **antispasmodic** properties which are exerted especially on the uterus and appendages. **Unexcelled** in leucorrhea, amenorrhea, menorrhea, menorrhagia, vomiting in pregnancy, threatened abortion, miscarriage, **parturition** and **subinvolution.** In female neurosis combine **Nouresine** (Dios) two parts to **Dioviburnia** four parts.

Should there be any physician who has not received samples, we will furnish full size bottles free, they paying express charges.

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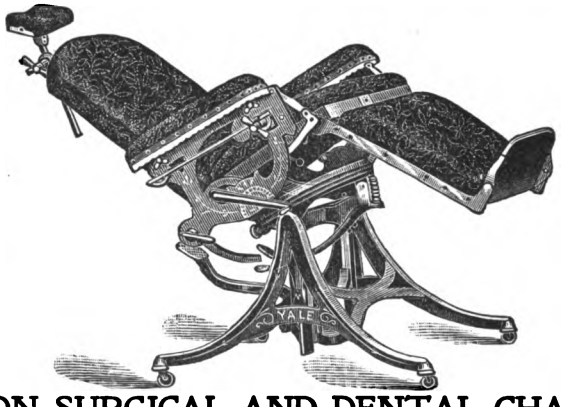

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Not only does this preparation furnish immediately absorbable vegetable iron, but also the various elements necessary for nerve and general tissue reconstruction. The broader scope and comprehensiveness of Hemaboloids differentiates it from all other tonics and chalybeates.

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